

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90391 039 ***150.00

DOCUMENT # P97000085526

1. Entity Name
BARCLAY CALE P.A.



Principal Place of Business
**600 GRAPETREE DR., APT 11ES
KEY BISCAYNE, FL 33149**

Mailing Address
**PO BOX 10
KEY BISCAYNE, FL 33149**

2. Principal Place of Business
**169 E. Flagler St.
Suite 1200
City & State
Miami, FL**

3. Mailing Address
**169 E. Flagler St.
Suite 1200
City & State
Miami, FL**

Zip
33131

Country
USA

Zip
33131

Country
USA

04192006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0783130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CALE, BARCLAY
600 GRAPETREE DR.
APT. 11 ES
KEY BISCAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name
CALE, BARCLAY
Street Address (P.O. Box Number is Not Acceptable)
**169 E. Flagler St.
Suite 1200
City
Miami FL Zip Code
33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barclay Cale **Barclay Cale**

4/21/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALE, BARCLAY
600 GRAPETREE DR., APT 11 ES
KEY BISCAYNE, FL 33149** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALE, BARCLAY
169 E. Flagler St., Suite 1200
Miami, FL 33131** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Barclay Cale **Barclay Cale**

4/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #