

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90046 019 ***150.00

DOCUMENT # P98000039858 1. Entity Name BARBARA SILBERMAN 2, INC.																					
Principal Place of Business 4754 SW 72ND AVE. MIAMI, FL 33155		Mailing Address 4754 SW 72ND AVE. MIAMI, FL 33155																			
2. Principal Place of Business - No P.O. Box # 34 SW 8th Street Suite, Apt. #, etc.		3. Mailing Address 34 SW 8th Street Suite, Apt. #, etc.																			
City & State Miami, FL Zip 33136 Country		City & State Miami, FL Zip 33136 Country																			
4. FEI Number 65-0829570		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent SILBERMAN, BARBARA 4754 SW 72ND AVE. MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Silberman, Barbara Street Address (P.O. Box Number is Not Acceptable) 34 SW 8th Street City Miami FL Zip Code 33136																			
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: [Signature] 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SILBERMAN, BARBARA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4754 SW 72ND AVE. MIAMI, FL 33155</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	SILBERMAN, BARBARA		CITY-ST-ZIP	4754 SW 72ND AVE. MIAMI, FL 33155		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Silberman, Barbara</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>34 SW 8th Street Miami, FL 33136</td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Silberman, Barbara		CITY-ST-ZIP	34 SW 8th Street Miami, FL 33136	
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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 all other like empowered.																					
SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/20/07 <small>Date Daytime Phone #</small>																			