

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT# P98000071169

1. Entity Name
TOMBARRETT&ASSOCIATES,INC.



Principal Place of Business
2333BRICKELLAVE-SUITE601
MIAMI,FL33129

Mailing Address
2333BRICKELLAVE-SUITE601
MIAMI,FL33129



DO NOT WRITE IN THIS SPACE

04232005 NoChg-P CR2E034(10/03)

4. FEI Number
65-0855828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETT, THOMAS
2333BRICKELLAVE-SUITE601
MIAMI,FL33129

**DO NOT WRITE
IN THIS SPACE**

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 *Thomas Barrett*

THOMAS BARRETT

4/27/05

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

(NOTE: Registered Agent's signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000344638
04/30/05-80002-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
BARRETT, THOMAS
2333BRICKELLAVE#601
MIAMI, FL33129

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Thomas Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

305-607-8898

Daytime Phone#