2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080738

1. Entity Name

FILED
Mar 12, 2007 08:00 AM
Secretary of State

BARLEY, INC.			
Principal Place of Business	Mailing Address		
1030 E. 27TH ST HIALEAH, FL 33013	1030 E. 27TH ST HIALEAH, FL 33013		
HINCENII, LE 33013	MALLAN, IL JUUT		
		· · · · · · · · · · · · · · · · · · ·	
DO NOT WRITE IN THIS SPA			03072007 No Chg-P CR2E034 (11/05)
		ACE	4. FEI Number Applied For 65-0868838 Not Applicable
			5. Certificate of Status Desired
6. Name and Address of C	urrent Registered Agent		•
PEREZ, JUAN M JR. 7417 BIG CYPRESS DR.			DO NOT WRITE
MIAMI LAKES, FL 33014			IN THIS SPACE
the obligations of registered agent.	ment for the purpose of changing its regi	stered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if appscable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			.00 May Be ded to Fees
	S AND DIRECTORS		
TITLE P			
NAME PEREZ, JUAN M			
STREET ADDRESS 16412 STONE HAVEN RD			

U00000662984 03/21/07-80036-001 150.00

DO NOT WRITE IN THIS SPACE

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 r Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS MIAMI, FL 33014

GNATURE AND THE DRAWNTED NAME OF SIGNING OFFICER OR DRECTOR

JUAN M.

3-8.07

696-5566

Daytime Phone #