


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000089655

1. Entity Name  
 BARBARA FALOWSKI FUNERAL AND CREMATION SERVICES, INC.



Principal Place of Business Mailing Address

300 SW 6TH ST. 300 SW 6TH ST.  
 FT. LAUDERDALE, FL 33315 FT. LAUDERDALE, FL 33315

**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0872500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALOWSKI, BARBARA  
 300 SW 6TH ST.  
 FT. LAUDERDALE, FL 33315

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALOWSKI, BARBARA 300 SW 6TH ST. FT. LAUDERDALE, FL 33315
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 01/13/05-80002-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 1/11/05 9544624262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #