

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 025 ***150.00

DOCUMENT # **P98000096Z35**

1. Entity Name
BARRISO RAILING CORP



Principal Place of Business Mailing Address

1630 WEST 38TH PL. 1630 WEST 38TH PL.
MIAMI, FL 33122 MIAMI, FL 33122



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0970404 Applied Not Applied

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

6. Name and Address of Current Registered Agent

BARRISO, JOSE A.
1630 WEST 38TH PL.
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00**
 Trust Fund Contribution. Added to

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RD BARRISO, JOSE A. 1630 WEST 38TH PL MIAMI, FL 33122	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		<input type="checkbox"/> Change	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 info 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4/13/05**

DATE DAYTIME PHONE #