

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 1/23/2018 2:38 PM EST

Confirmation Number: 3351

Amended Confirmation Number:

Employer Information

Name: BARFIELD, INC.  
Address: 4101 NW 29TH STREET  
City: MIAMI State: FL Zip Code: 33142

Plan Administrator Information

Name: BARFIELD, INC.  
Address: 4101 NW 29TH STREET  
City: MIAMI State: FL Zip Code: 33142  
Phone: 3058945323  
Email: DINO.NOTO@BARFIELDINC.COM

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1 Plan Name: BARFIELD INC. NONQUALIFIED DEFERRED Number of  
COMPENSATION PLAN Employees: 24

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 3351. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.