

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90027 038 ****50.00

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1. Entity Name
BARRETO MANAGEMENT LIMITED LIABILITY COMPANY



Principal Place of Business
235 CATALONI AVE
CORAL GABLES, FL 33134 US

Mailing Address
235 CATALONI AVE
CORAL GABLES, FL 33134 US

40069937



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
20-0605285

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, DAVID M
9560 SW 107 AVE
STE. 208
MIAMI, FL 33176

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM
BARRETO, RODNEY
9250 SW 104 STREET
MIAMI, FL 33176

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM
Barreto, Rodney
9990 Sw 90 Avenue
Miami, FL 33176

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/13/07** (305) 444-4648
 Daytime Phone #