## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED**

06-03-2004 90003 006 \*\*\*\*70.00

## Jun 03, 2004 8:00 am Secretary of State

DOCUMENT # N99000006040 BARREIRO FOUNDATION INC. Principal Place of Business Mailing Address 54056508 1454 SW FIRST STREET PO BOX 015644 MIAMI, FL 33101-5644 SUITE 120 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232003 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 65-0953039 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARREIRO, BRUNO Street Address (P.O. Box Number is Not Acceptable) 1454 SW FIRST STREET **SUITE 120** MIAMI, FL 33135 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Florida Department of State Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 3T0 ☐ Addition TITLE Delete TITLE buarte-Viera, Anibal J. 5835 Blue Lagoon DR, Suite 200 DUARTE-VIERA, ANIBAL J NAME NAME STREET ADDRESS 8550 NW 33RD STREET #200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL+33122 CITY-ST-ZIF 33126 PD Delete TITLE Change ☐ Addition TITLE BARREIRO, BRUNO NAME NAME 2101 SW 4 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL#33129 Change Addition TITLE . Delete -BARREIRO, GUSTAVO NAME NAME 325 OCEAN DRIVE APT 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33139 Change ☐ Addition ☐ Delete TITLE AROSTEGUI, EMILIO NAME NAME STREET ADDRESS STREET ADDRESS 418 SW 87TH CT CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33174 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing gloes 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 docurate 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 fusite empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI R OF DIRECTOR 05-28-04

Daytime Phone #