## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006040

City-St-Zip:

MIAMI, FL 33174

Entity Name: BARREIRO FOUNDATION INC.

FILED Jan 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1454 SW FIRST STREET 1454 SW FIRST STREET SUITE 120 SUITE 100 MIAMI, FL 33135 MIAMI, FL 33135 **Current Mailing Address: New Mailing Address:** PO BOX 015644 MIAMI, FL 331015644 FEI Number: 65-0953039 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARREIRO, BRUNO A BARREIRO, BRUNO A 1454 SW FIRST STREET 1454 SW FIRST STREET SUITE 120 SUITE 100 MIAMI, FL 33135 US MIAMI, FL 33135 US 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. SIGNATURE: 01/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DUARTE-VIERA, ANIBAL J Name: Name: Address: 5835 BLUE LAGONN DR STE 200 Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: PD ( ) Delete Title: () Change () Addition BARREIRO, BRUNO A Name: Name: Address: 2101 SW 4 AVENUE Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: Title: VPD () Delete Title: () Change () Addition BARREIRO, ALICIA P Name: Name: 325 OCEAN DRIVE APT. 510 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition AROSTEGUI, ÉMILIO Name: Name: Address: 418 SW 87TH CT Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRUNO A BARREIRO PD 01/17/2008