


**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-25-2008 90036 050 ***158.75

DOCUMENT # P01000030472

1. Entity Name
BARREIRO CONCRETE MATERIALS INC.



Principal Place of Business
**25440 SW 140TH AVE.
PRINCETON, FL 33032**

Mailing Address
**25440 SW 140TH AVE.
PRINCETON, FL 33032**

DO NOT WRITE IN THIS SPACE

66002819



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1090585	Applied For <input type="checkbox"/> Not Applicable
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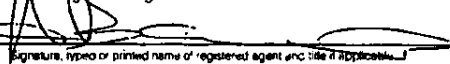
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARREIRO, AMERICO
25440 SW 140TH AVE.
PRINCETON, FL 33032**

DO NOT WRITE IN THIS SPACE

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: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BARREIRO, AMERICO 25440 SW 140TH AVE. PRINCETON, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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 director 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR