2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90072 026 ***150.00

DOCUMENT # P02000033089

1. Entity Name
BARROS' PRODUCTION, INC.

Principal Place of Business	Mailing Address
8215 S.W 152 AVE	8215 S.W 152 AVE
G-304	G-304
MIAMI, FL 33193	MIAMI, FL 33193

03042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16103 S.W. 61 LANE	16103 S.W. 61 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami F	City & State: Miami Fl
Zip: 33193 Country: USA	Zip: 33193 Country: USA

4. FEI Number: 01-0651145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANIAGUA, ANGELA
10661 N KENDALL DR STE 128
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: PANIAGUA Angela
Street Address (P.O. Box Number is Not Acceptable): 10625 N. Kendall Drive
City: Miami FL Zip Code: 33176

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARROS, ALBERTO A 8215 S.W. 152 AVE #G-304 MIAMI, FL 33193 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARROS Alberto A. 16103 S.W. 61 LANE MIAMI Fl 33193 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 03-06-08 786/547-5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #