

FILED

Apr 29, 2004 08:00 AM  
Secretary of State

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000040298

1. Entity Name  
BARREIRO'S D.M.E. & SERVICES, INC.



Principal Place of Business

1710 SW 27 AVE  
STE 203  
MIAMI, FL 33145

Mailing Address

4148 WEST 9TH LANE  
HIALEAH, FL 33012



04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number  
01-0684908

Applied for  
Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, RAMIRO J  
145 MADEIRA AVENUE  
SUITE 315  
CORAL GABLES, FL 33134

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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

Signature of agent or other name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Page

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARREIRO, MARITZA
STREET ADDRESS	4148 WEST 9TH LANE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000140935  
04/29/04-80182-001 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does 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 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:

*Maritza Barreiro*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04  
DATE

TYPE OR PRINT NAME