

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90395 028 ***150.00

DOCUMENT # P02000051774

1. Entity Name

BARRETO MEDICAL DELIVERY, INC.



Principal Place of Business

16601 S.W. 144 CT
MIAMI FL 33177

Mailing Address

16601 S.W. 144 CT
MIAMI FL 33177

2. Principal Place of Business

4293 WEST 7 LANE

Suite, Apt. #, etc.

3. Mailing Address

4293 WEST 7 LANE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hialeah, FL 33012

Zip

33012

Country

USA

City & State

Hialeah, FL 33012

Zip

33012

Country

USA

4. FEI Number

01-0702672

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETO, FERNANDO
16601 S.W. 144 CT
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

FERNANDO BARRETO

Street Address (P.O. Box Number is Not Acceptable)

4293 WEST 7 LANE

City

Hialeah

FL

Zip Code

33012

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME BARRETO, FERNANDO
STREET ADDRESS 16601 S.W. 144 CT
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE SDD
NAME SANTANO, ZOE
STREET ADDRESS 16601 S.W. 144 CT
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME BARRETO FERNANDO
STREET ADDRESS 4293 WEST 7 LANE
CITY-ST-ZIP HIALEAH FL 33012 ☒ Change ☐ Addition

TITLE SDD
NAME SANTANO ZOE
STREET ADDRESS 4293 WEST 7 LANE
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FERNANDO BARRETO 4/19/04 786-201-2559