


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000033434
 1. Entity Name
BARREIRO GROUP COMPANIES, INC.



Principal Place of Business 25440 SW 140 AVE PRINCETON, FL 33032	Mailing Address 25440 SW 140 AVE PRINCETON, FL 33032
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0214617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARREIRO, AMERICO
 25440 SW 140 AVE
 PRINCETON, FL 33032

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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, 2007 Fee will be \$550.00

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

00000595586
 01/23/07-80046-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARREIRO, AMERICO
STREET ADDRESS	25440 SW 140 AVE
CITY-ST-ZIP	PRINCETON, FL 33032
TITLE	D
NAME	BARREIRO, GUILLERMINA
STREET ADDRESS	25440 SW 140 AVE
CITY-ST-ZIP	PRINCETON, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *X [Signature]* 11/18/07 ⁽³⁰⁵⁾ 258-7004/224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #