


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-25-2008 90036 049 \*\*\*158.75

**DOCUMENT # P03000033434**

1. Entity Name  
**BARREIRO GROUP COMPANIES, INC.**



Principal Place of Business      Mailing Address  
**25440 SW 140 AVE**      **25440 SW 140 AVE**  
**PRINCETON, FL 33032**      **PRINCETON, FL 33032**

**66002818**



01142008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

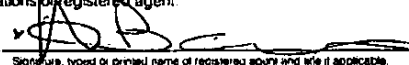
4. FEI Number <b>20-0214617</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BARREIRO, AMERICO**  
**25440 SW 140 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:       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**

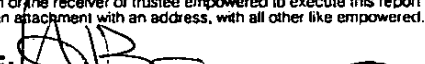
9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	

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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:       Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR