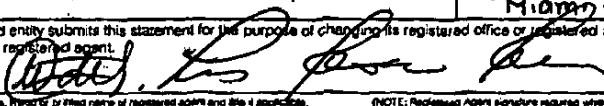


FILED
Jun 14, 2004 8:00 am
Secretary of State

05-03-2004 90702 043 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000056074		
1. Entity Name BARRETH SECURITY & SERVICES, CORP.		
Principal Place of Business 780 NW 42 AVE SUITE 420 MIAMI, FL 33126		Mailing Address 780 NW 42 AVE SUITE 420 MIAMI, FL 33126
2. Principal Place of Business 7225 NW 25TH Suite, Apt. #, etc. 300		3. Mailing Address 7225 NW 25TH Suite, Apt. #, etc. 300
City & State Miami, Florida		City & State Miami, Florida
Zip 33122		Country
4. EEI Number 20-0205809		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE SUITE 420 MIAMI, FL 33126		
7. Name and Address of New Registered Agent Name LUIS C. ARAUZ Street Address (P.O. Box Number is Not Acceptable) 7225 NW, 25th Street Suite 300 City Miami, FL Zip Code 33122		
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, Print or Print name of registered agent and file # applicable. (NOTE: Registered Agent signature required when not passing) DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		
* Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	D. BARRETO, ROBERT G 780 NW 42 AVE SUITE 420 MIAMI, FL 33126	☐ Delete
TITLE	D. GODOY, MARINA 780 NW 42 AVE SUITE 420 MIAMI, FL 33126	☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ 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)(b), 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 #		