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Secretary of State
05-03-2004 90702 043 ***150.00

5/5

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056074

1. Entity Name
BARRETH SECURITY & SERVICES, CORP.

66427799

[redacted]

Principal Place of Business	Mailing Address
780 NW 42 AVE SUITE 420 MIAMI, FL 33126	780 NW 42 AVE SUITE 420 MIAMI, FL 33126

02112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7225 NW 25TH	7225 NW 25Th
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State Miami Florida	City & State Miami, Florida
Zip 33122 Country	Zip 33122. Country

4. FEI 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 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]
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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARRETO, ROBERT G		NAME		
STREET ADDRESS	780 NW 42 AVE SUITE 420		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GODOY, MARINA		NAME		
STREET ADDRESS	780 NW 42 AVE SUITE 420		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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