2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 AM Secretary of State

DOCUME	FNT #	P0500	0003	33390

1. Entity Name
BARROSO & SON SERVICES INC



Principal Place of Business

521 W 36TH PL HIALEAH, FL 33012 Mailing Address 521 W 36TH PL HIALEAH, FL 33012



CR2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
20-2439274		Not Applicable
5. Certificate of Status Desired	□ \$	8.75 Additional

6. Name and Address of Current Registered Agent

BARROSO, DEMETRIO O DIR 521 W 36TH PL HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

No Chg-P

01222007

	named entity submits this statement for the patients of registered agent.	ourpose of changing its registere	d office or	egistered agent, or bo	oth, in the State of Florida 1 am familiar with, and accept	
SIGNATURE Signature: typed or printed name of registored agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000648662 03/07/07-80018-008 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BARROSO, DEMETRIO O 521 W 36TH PL HIALEAH, FL 33012	İ				
TITLE Name Street address City-St-Zip	DIR BARROSO, JORGE O 521 W 36TH PL HIALEAH, FL 33012	:	DO NOT WRITE IN THIS SPACE			
TITLE NAME Street Address City-S1-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- •					
12. I hereby c	certify that the information supplied with this file	ing does not qualify for the exe	mptions co	stained in Chapter 119	9. Florida Statutes. I further certify that the information	

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 trusteet impowered 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 accuracy service.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

305 546 5231