

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Page 102

FILED

06 NOV 15 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3276860** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000117987  
1. Entity Name  
BARRERA'S CHICKEN COOP, INC.



Principal Place of Business  
17 HYPOLITA STREET  
ST. AUGUSTINE, FL 32084

Mailing Address  
17 HYPOLITA STREET  
ST. AUGUSTINE, FL 32084

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
BARRERA, MARCO  
17 HYPOLITA STREET  
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, 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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P BARRERA, MARCO 17 HYPOLITA STREET ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRERA, GUILLERMO 17 HYPOLITA STREET ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRERA, KARLA 17 HYPOLITA STREET ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2006 (904) 823 1739

2011/16

Page 282

**W. H. O'CONNELL & ASSOCIATES PA**

*Certified Public Accountants*  
2200 N. Ponce De Leon Blvd. Suite 10  
St. Augustine, FL 32084  
Phone (904) 829-0082 Fax 904 829-5030 e-mail: [tawwho1@bellsouth.net](mailto:tawwho1@bellsouth.net)

---

November 7, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

RE: Barrera's Chicken Coop, Inc., Doc. #P05000117987

Dear State Agent,

This letter is with reference to the above listed client. We are submitting a copy of the annual report filed April 29, 2006. He was informed today by your department that a letter was sent out on May 22, 2006 requesting the FEI number on their UBR form. However, the post office failed to deliver this letter to him. Your office informed us that you have received his payment, and, therefore, we should request that the penalty for filing late be abated. We have enclosed the report with the FEI number. Should you have any questions, you may contact me at the above phone number.

Sincerely,



W. Henry O'Connell, CPA

Enclosures