


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000117987</b> 1. Entity Name <b>BARRERA'S CHICKEN COOP, INC.</b>	
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Principal Place of Business <b>17 HYPOLITA STREET ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>17 HYPOLITA STREET ST. AUGUSTINE, FL 32084</b>
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**DO NOT WRITE IN THIS SPACE**



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3276860</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  
**BARRERA, MARCO  
17 HYPOLITA STREET  
ST. AUGUSTINE, FL 32084**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRERA, MARCO 17 HYPOLITA STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRERA, KARLA 17 HYPOLITA STREET ST. AUGUSTINE, FL 32084
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09/14/07-80005-005 158.75

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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:** *Marco Barrera* 09/12/2007 (904) 823-1737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #