
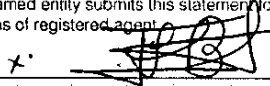
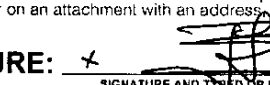


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 004 ***150.00

DOCUMENT # P07000118271					
1. Entity Name BARRERA'S TRAILER SERVICE INC					
Principal Place of Business 115 SE 16TH PLACE CAPE CORAL, FL 33990 US			Mailing Address 115 SE 16TH PLACE CAPE CORAL, FL 33990 US		
2. Principal Place of Business - No P.O. Box # 5757 River Side DR		3. Mailing Address 5757 River Side DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CAPE CORAL		City & State CAPE CORAL		4. FEI Number 26-1324314	
Zip FL 33904	Country 33904	Zip FL	Country 33904	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRERA, JORGE L 115 SE 16TH PLACE CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name JORGE L. BARRERA Street Address (P.O. Box Number is Not Acceptable) 5757 River Side DR City CAPE CORAL FL Zip Code 33904	
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  7/28/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRERA, JORGE L 115 SE 16TH PLACE CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRERA, JORGE L 5757 RIVER SIDE DR CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, DANAY 115 SE 16TH PLACE CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, DANAY 5757 RIVER SIDE DR CAPE CORAL, FL 33904	
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	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			7/28/08 (239)3627481		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					