FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90122 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000091262

DOCUMENT #

1. Entity Name

BARREIRO ENTERPRISES, CORP.



	·										
Principal Place of Business 1454 S.W. 1ST ST. SUITE 120 MIAMI FL 33135		Mailing Address 1454 S.W. 1ST ST. SUITE 120 MIAMI FL 33135					å FRANCESKANA PARALAKKIN DANKA	iriik waan walla	010k (1810 11810 9	INFO MAN INGS	
2. Principal Place of Business		3. Mailing Address									
2. Timolpai Flace of Eduliness		J. Wallis									
Suite, Apt. #, etc.		Suite,	Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City &	State	·		4. FEI Number 65-0710665 Applied For Not Applicable					
Zip	Country	Zip		Country		5. Ce	rtificate of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered	Agent		L	7. Na	me and Address of New	Registered	gent		
BARREIRO, ZORAIDA A					Name						
1454 S.W.				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 120)										
MIAMI FL	33135 .			City		-		FL	Zip Code	 e	
	named entity submits this statement folions of registered agent.	r the purpos	e of changing its re-	gistered office or I	egistere	d agen	t, or both, in the State of F	lorida. I am	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applica	able. (NOTE: R	egistered Agent signatur	e required v	when reins	stating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign F Trust Fund Contributi			O May Be to Fees	
10.	D OFFICERS AND	DIRECTORS		`11.	:	*ADDI	TIONS/CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADDESS CITY-ST-ZIP	BARREIRO, BRUNO SR. 1454 S.W. 1ST ST., STE. 120 MIAMI FL 33135		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARREIRO, ALICIA P 1454 S.W. 1ST ST., STE. 120 MIAMI FL 33135		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition /	
TITLE Name Street address City-St-Zip			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP					Change	Addition	

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 AND TYPED OR PRINTED NAME OFFSTERING OFFICER OR DIRECTOR

4/17/03 (305)642-2228 Dayting Phone # CR2E034 (10/02)