

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000099812

**FILED**  
**Feb 26, 2004**  
**Secretary of State**

**Entity Name:** BARRERA HARVESTING CORPORATION

**Current Principal Place of Business:**

1625 SW MOCKINGBIRD  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

1625 MOCKINGBIRD ST  
ARCADIA, FL 34266 US

**Current Mailing Address:**

PO BOX 220  
NOCATEE, FL 34268 US

**New Mailing Address:**

**FEI Number:** 65-0886383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARRERA, LESLIE  
23270 HAINLIN AVENUE  
PORT CHARLOTTE, FL 33980

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** BARRERA, REYNALDO  
**Address:** 23270 HAINLIN AVENUE  
**City-St-Zip:** PORT CHARLOTTE, FL 33980

**Title:** ST ( ) Delete  
**Name:** BARRERA, LESLIE  
**Address:** 23270 HAINLIN AVENUE  
**City-St-Zip:** PORT CHARLOTTE, FL 33980

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LESLIE BARRERA

VP

02/26/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date