## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000099812

Entity Name: BARRERA HARVESTING CORPORATION

FILED Jan 19, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1625 MOCKINGBIRD ST ARCADIA, FL 34266 US

Current Mailing Address: New Mailing Address:

PO BOX 220

NOCATEE, FL 34268 US

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

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

BARRERA, LESLIE
23270 HAINLIN AVENUE
BARRERA, LESLIE
29336 SAM WAY

PORT CHARLOTTE, FL 33980 US PUNTA GORDA, FL 33982 US

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: 01/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name:BARRERA, REYNALDOName:BARRERA, REYNALDOAddress:23270 HAINLIN AVENUEAddress:29336 SAM WAYCity-St-Zip:PORT CHARLOTTE, FL 33980City-St-Zip:PUNTA GORDA, FL 33982

Title: ST ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BARRERA, LESLIE
 Name:
 BARRERA, LESLIE J

 Address:
 23270 HAINLIN AVENUE
 Address:
 29336 SAM WAY

City-St-Zip: PORT CHARLOTTE, FL 39980 City-St-Zip: PUNTA GORDA, FL 33982

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 J BARRERA VP 01/19/2005