


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 620867**  
 1. Entity Name  
**MRACHEK BROTHERS INCORPORATED**



Principal Place of Business      Mailing Address  
**11050 WILES RD, UNIT 101**      **11050 WILES RD, UNIT 101**  
**CORAL SPRINGS, FL 33076-2104**      **CORAL SPRINGS, FL 33076-2104**



01242006    No Chg-P    CR2E034 (11/05)

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|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>59-1908528</b> | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired   | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent  
**MRACHEK, STEPHEN J**  
**5763 NW 71ST TERR**  
**PARKLAND, FL 33067**

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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 re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MRACHEK, STEPHEN<br>5763 NW 71 TERR<br>PKLAND, FL                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>MRACHEK, MICHAEL J<br>2921 N.E. 18TH STREET<br>POMPANO BEACH, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: Michael Mrachek Pres      1/24/06      954 255 0237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #