2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G90363

1. Entity Name BROTHERS TWO ENTERPRISES, INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

1712 S.W. 99 PLACE MIAMI, FL 33165

Mailing Address

1712 S.W. 99 PLACE MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01042007	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
59-2475	044		Not Applicab		

\$8.75 Additional 5. Certificate of Status Desired Fee Required

305-888-171

RIVERO, LUIS J ESQ 782 NW 42 AVE #534 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the particles of registered agent.	ourpose of ch	anging its rog	gistered	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title	if applicable.	(NOTE: Re	g stered A	gent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS					<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, ESTEBAN, JR. 1712 SW 99 PL MIAMI, FL						·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ACOSTA, ESTEBAN, JR. 1712 SW 99 PL MIAMI, FL						000000578067 01/09/07-80013-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP							,
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the conchanged.	certify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trusted empowered or on an attachment with an address, with all	iling does not and accurate d to execute t I other like en	qualify for the and that my shis report as a powered	e exem signatur required	ptions con e shall hav d by Chapt	er 607, Florida Statute	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directories; and that my name appears in Block 10 or Block 11 if