


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # M55947 1. Entity Name ALETTO BROTHER'S, INC.	
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Principal Place of Business C/O ALFRED ALETTO 119 E PALMETTO PARK ROAD BOCA RATON, FL 33432 US	Mailing Address C/O ALFRED ALETTO 119 E PALMETTO PARK ROAD BOCA RATON, FL 33432 US
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2823790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALETTO, ALFRED
119 EAST PALMETTO PARK ROAD
BOCA RATON, FL 33432

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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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALETTO, ALFRED 6401 POND APPLE RD BOCA RATON, FL
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03/26/05-80040-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **Alfred Aletto Pres.** Date: **3/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR