

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031544

FILED
Feb 20, 2004
Secretary of State

Entity Name: BROTHER JOSE CORPORATION

Current Principal Place of Business:

15070 SW 56 STREET
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

PO BOX 343925
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 01-0658245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ESTERVINA
34870 SW 212 AVENUE
HOMESTEAD, FL 33034

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: PD () Delete
Name: PEREZ, ESTERVINA
Address: 34870 SW 212 AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: VD (X) Delete
Name: PEREZ, YORKY
Address: 34870 SW 212 AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: STD () Delete
Name: CUESTA, ARMANDO
Address: 34870 SW 212 AVENUE
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: PEREZ, ESTERVINA
Address: 34870 SW 212 AVENUE
City-St-Zip: HOMESTEAD, FL 33034

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

Title: V/P (X) Change () Addition
Name: CUESTA, ARMANDO
Address: 34870 SW 212 AVENUE
City-St-Zip: HOMESTEAD, FL 33034

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: ARMANDO CUESTA

V/P

02/20/2004

Electronic Signature of Signing Officer or Director

_____ Date