

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066856

FILED
Apr 16, 2006
Secretary of State

Entity Name: BROTHERS AMUSEMENT INC.

Current Principal Place of Business:

27335 SW 166TH AVE.
HOMESTEAD, FL 33031

New Principal Place of Business:

27335 SW 166 AVE.
HOMESTEAD, FL 33031

Current Mailing Address:

27335 SW 166TH AVE.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 20-0047277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMOTHY BUCHANAN
27335 SW 166TH AVE.
HOMESTEAD, FL 33031 US

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: P (X) Delete
Name: LANDRESS, BRIAN
Address: 1255 SW 144TH TER
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: BUCHANAN, TIMOTHY
Address: 27335 SW 166TH AVE.
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BUCHANAN, TIMOTHY
Address: 27335 SW 166TH AVE.
City-St-Zip: HOMESTEAD, FL 33031

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY BUCHANAN

P

04/16/2006

Electronic Signature of Signing Officer or Director

Date