2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 08:00 A Secretary of State **DOCUMENT # P06000094077** CURY BROS, INC Mailing Address Principal Place of Business 3428 BRADENHAM LANE 3428 BRADENHAM LANE DAVIE, FL 33328 US DAVIE, FL 33328 US No Chg-P CR2E034 (11/05) 04102008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5288909 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURY, SAMIR DIR DO NOT WRITE 3428 BRADENHAM LANE **DAVIE, FL 33328** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME CURY, SAMIR STREET ADDRESS 3428 BRADENHAM LANE CITY-ST-ZIP DAVIE, FL 33328 TITLE CURY, JORGE NAME 14012 NW 15TH DR STREET ADDRESS PEMBROKE PINES, FL 33028 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

FILED