


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000045048**  
 1. Entity Name  
 MARIO AND BROTHER CORP.



Principal Place of Business: 8491 NW 96TH ST. MEDLEY, FL 33166-2034  
 Mailing Address: 8491 NW 96TH ST. MEDLEY, FL 33166-2034

**DO NOT WRITE IN THIS SPACE**



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0920370 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FABREGAS, ANA L  
 631 EAST 12TH PL.  
 HIALEAH, FL 33010

**DO NOT WRITE 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	FABREGAS, MARIO A
STREET ADDRESS	631 EAST 12TH PL.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DTS
NAME	FABREGAS, ANA L
STREET ADDRESS	631 EAST 12TH PL.
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X  **MARIO FABREGAS** Date: 7/7/05 (305) 887-0056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #