2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

Fee Required

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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

03012007 140 Olig-F	O(22054 (11/00)			
4. FEI Number		Applied For		
65-0920370		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

FABREGAS, ANA L 631 EAST 12TH PL. HIALEAH, FL 33010

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IN	THIS	SPACI	E

B. The shave	assert eath, a how to this statement for the	venous of changing its registers	d office or	registered agent or bo	th, in the State of Florida. I am familiar with, an	nd accept
	named entity submits this statement for the plices of registered agent.	mibose oi cusuldină its redistere	a dilica di	registered agent, or be	in in the diate of Florida. Take taken with the	id accopt
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signetu	re required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			oing []	\$5.00 May Be Added to Fees		1
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-S1-ZiP	DP FABREGAS, MARIO A 631 EAST 12TH PL. HIALEAH, FL 33010		· 		U00000758420 05/24/07-80001-024	150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS FABREGAS, ANA L 631 EAST 12TH PL. HIALEAH, FL 33010				05/24/01-00001-024	120.40
NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
NAME STREET ADDRESS CITY-SI ² ZiP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_		
12. I hereby certify that the information supplied with this filing 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.						

DNING OFFICER OR DIRECTOR