

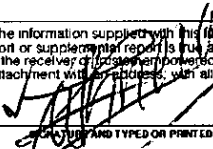


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000070343</b>			
1. Entity Name <b>BROTHER INSULATION INC.</b>			
Principal Place of Business 7317 N.W. 8TH STREET MIAMI, FL 33126		Mailing Address 820 S.W. 129TH PLACE #206 MIAMI, FL 33184	
2. Principal Place of Business <b>3344 SW 154th Ct</b>		3. Mailing Address <b>3344 SW 154th Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33185</b>	Country <b>Dade</b>	Zip <b>33185</b>	Country <b>Dade</b>
4. FEI Number <b>65-0941692</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CABRERA, LUIS E 820 SW 129TH PLACE #206 MIAMI, FL 33184</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when registering)</small>			
 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Walk-In Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>CABRERA, LUIS E 820 S.W. 129TH PLACE, APT. 206 MIAMI, FL 33184</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: 		Date: <b>Luis E. Cabrera 4/29/03</b>	
Typed or printed name of signing officer or director		Date	

CR2E034 (10/02)