2005 FOR PROFIT CORPORATION

Feb 03, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P92000011732** 1. Entity Name PRIA BROTHERS, INC. Mailing Address Principal Place of Business 2822 E COMMERCIAL BLVD. 2822 E COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 01182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0371860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRIA, EDUARDO DO NOT WRITE 2822 E COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308 IN THIS SPACE 3. 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. Signature, typed or conted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRIA, EDUARDO NAME U000002122 2822 E COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 333084206 TITLE NAME STREET ADDRESS CITY-ST-ZIP eter 1914 (name elektrolote) elektri al tronomination delikarian generale elektrica promission delikaria elektrolote TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eport 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 out use 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED