

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000034654

**Entity Name:** MANAGEMENT BROTHERS, INC.

**Current Principal Place of Business:**

258 N.W. 1ST AVE.  
FLORIDA CITY, FL 33034

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC0156159733**

**Current Mailing Address:**

P.O. BOX 900460  
HOMESTEAD, FL 33090-0460

**FEI Number: 65-0928418**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P  
2655 LEJEUNE RD. STE. 1101  
MIAMI, FL US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DIMARE, ANTHONY J  
Address 258 N.W. 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title D  
Name DIMARE, PAUL JJR.  
Address 258 N.W. 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title D  
Name DIMARE, SCOTT M  
Address 258 N.W. 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

Title D  
Name DIMARE, GINO M  
Address 258 N.W. 1ST AVE.  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANTHONY J DIMARE**

**D**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date