




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 505422</b>		
1. Entity Name F. G. & BROS. MANAGEMENT COMPANY		
Principal Place of Business 5481 N. STATE RD. 7 TAMARAC, FL 33319-9954		Mailing Address 5481 N. STATE RD. 7 TAMARAC, FL 33319-9954
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GRANADOS, FELIX JR. 5481 N. STATE ROAD 7 TAMARAC, FL 33319		 01092007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-1675352 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
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.		<b>DO NOT WRITE IN THIS SPACE</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		 02/07/07-80072-011 150.00 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANADOS, FELIX JR. 5481 N. STATE RD. 7 TAMARAC, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANADOS, CARLOS 5481 N. STATE RD. 7 TAMARAC, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANADOS, ROBERTO 5481 N. STATE RD. 7 TAMARAC, FL	
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 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.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____