

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 014 ***150.00

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1. Entity Name
B & R PRODUCTS, INC.



Principal Place of Business
**18721 S.W. 104 AVE.
MIAMI, FL 33157-6832**

Mailing Address
**P.O. BOX 970671
MIAMI, FL 33197**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1790499

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEITZMAN, JACK L PA
9190 SUNSET DR
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILLARD, W. ROBERT III 18721 S.W. 104 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ADD Abdul</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ADD Jamie</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jamie Ross Vice president 18721 Sw 104 Ave MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abdul Gray Vice president 18721 Sw 104 Ave MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gene Henning Vice president 18721 Sw 104 Ave MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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: *X 24*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/30/08 *X 305-238-1592*
Date Daytime Phone #