

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # F48575

1. Entity Name
B. R. FOOD BROKERS, INC.



Principal Place of Business
**14899 MEMORIAL HWY
PO BOX 64000 F
MIAMI, FL 33168**

Mailing Address
**POST OFFICE BOX 640616
MIAMI, FL 33164 US**



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2149331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROWE, ROBERT W.
14899 MEMORIAL HWY
MIAMI, FL 33168**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ROWE, ROBERT W
STREET ADDRESS	290 N.E. 151 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	ROWE, ELAINE
STREET ADDRESS	290 N.E. 151 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	SCHULTZ, STEVEN E
STREET ADDRESS	4921 ARTHUR STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	VP
NAME	SCHULTZ, SUSAN G.
STREET ADDRESS	4921 ARTHUR STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/07-80057-014 150.00

**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:

Elaine Rowe **ELAINE ROWE, ST**

3-14-07

305-947-9966