

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2149331**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **CEO**  
STREET ADDRESS **ROWE, ROBERT W.**  
CITY-ST-ZIP **290 N.E. 151 ST.  
MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME **U000000850742**  
STREET ADDRESS **03/25/08-80011-004 150.00**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **ROWE, ELAINE**  
CITY-ST-ZIP **290 N.E. 151 ST.  
MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **SCHULTZ, STEVEN E**  
CITY-ST-ZIP **4921 ARTHUR STREET  
HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **SCHULTZ, SUSAN G.**  
CITY-ST-ZIP **4921 ARTHUR STREET  
HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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 3-03-08**

**305-947-9966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #