

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48575

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

FILED
May 28, 2009
Secretary of State

Current Principal Place of Business:

14899 MEMORIAL HWY
PO BOX 64000 F
MIAMI, FL 33168

New Principal Place of Business:

14899 MEMORIAL HWY
MIAMI, FL 33168

Current Mailing Address:

POST OFFICE BOX 640616
MIAMI, FL 33164 US

New Mailing Address:

FEI Number: 59-2149331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ROWE, ROBERT W
Address: 290 N.E. 151 ST.
City-St-Zip: MIAMI, FL

Title: ST () Delete
Name: ROWE, ELAINE
Address: 290 N.E. 151 ST.
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: SCHULTZ, STEVEN E
Address: 4921 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL

Title: VP () Delete
Name: SCHULTZ, SUSAN G.
Address: 4921 ARTHUR STREET
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN SCHULTZ

P

05/28/2009

Electronic Signature of Signing Officer or Director

Date