

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90019 050 ***150.00

DOCUMENT # L04020

1. Entity Name

BROTHERS VENTURES, INC.



Principal Place of Business

**13876 S.W. 8TH ST.
MIAMI FL 33184**

Mailing Address

**13876 S.W. 8TH ST.
MIAMI FL 33184**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0135405

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, JOHN JR.
4065 SW 152ND AVE
MIRAMAR FL 33027**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME RODRIGUEZ, JOHN JR.
STREET ADDRESS 4065 SW 152ND AVE
CITY-ST-ZIP MIRAMAR FL 33027

TITLE P ☒ Change ☐ Addition
NAME S/A
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME RODRIGUEZ, ELIZABETH
STREET ADDRESS 4065 SW 152ND AVE
CITY-ST-ZIP MIRAMAR FL 33027

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

TITLE S ☐ Delete
NAME RODRIGUEZ, MONIQUE C
STREET ADDRESS 4065 SW 152 AVE
CITY-ST-ZIP HOLLYWOOD FL 33027

TITLE S ☒ Change ☐ Addition
NAME COLLAZO, MONIQUE C.
STREET ADDRESS 4018 NW 87 AVE
CITY-ST-ZIP SUNRISE FL 33351

TITLE T ☐ Delete
NAME RODRIGUEZ, NICOLE E
STREET ADDRESS 4065 SW 152 AVE
CITY-ST-ZIP MIRAMAR FL 33027

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME JOSHUA COLLAZO
STREET ADDRESS 4018 NW 87 AVE
CITY-ST-ZIP SUNRISE FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08

954.432.5767