2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: LIGHTALINE N BATTONO OFFICER OR DIRECTOR

DOCUMENT # P00000076705 1. Entity Name						May 01, 2006 08:00 AM Secretary of State				
BARROSO BROTHERS, INC.										
Principal Place of Business Mailing Address					1					
918 E LAKE CLUB DR		918 E LAKE CLUB DR								
918 OLDSMAR FL 34677		918 OLDSMAR FL 34677			}	77/333 (N. 232)) 40(N. 40(N. 433))				
US		US]					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Stale, Apt. #, etc.			t :	st MOORE	CR2E034	(10/05)		
City & State		City & State			4. FEI Numi	65-1033322	2	}	pplied For of Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificat	e of Status Desired		8.75 Ad ee Requir		
6. Name and Address of Current Registered Agent				T.	7. Name an	d Address of New R	egistered A	gent		
_				Name						
DUI 918			Street Address (P.O. Box Number is Not Acceptable)							
918 OLDSMAR FL 34677										
				City			FL	Zip Cor	de	
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 protect name of registered agent and title A applicable (NOTE Registered Agent aspecture required when remarking) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00						9. Election Campa	-		.00 May Be	
Make Check Payable to Florida Department of State						Trust Fund Con	tributian. (_! Add	led to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFFI	CERS AND	DIRECTOR	RSINTI	
TITLE			THE	ì				☐ Change	Addition 🗌	
NAME CORCE ADDRESS	BARROSO, DUNTALMO N		stat MM							
CHY-SI-ZIP	918 W LAKE CLUB DR. OLDSMAR FL 34677		1	EET ADDRESS '-ST-ZIP						
TITLE	025000000000000000000000000000000000000	☐ Dølete	TITL			1)00000000	070¢	Change	Addition	
NAME			NAM	{	000000548786 ^{™ Change} ™ Addition 05/12/06-80077 -0 13 150.00			7.5		
STREET ADDRESS			•	EET ADDRESS	400RESS		OIL OTO	1 100.	JU	
CITY-ST-ZIF			EITY	-S}-2IP						
mu		Celete	(RU)				Change	🔲 λασπίου	
NAME STREET ADDRESS			NAM ctor	RE						
City-ST-ZIP				-S(-ZIP						
TITLE		☐ Delete	ыц					☐ Change	☐ Addition	
NAME		<u></u>	NAM	i				_ ,	_	
STREET ADDRESS	į		1	ELI ADDRESS						
CITY-ST-ZTP				-SI-ZIP						
TITLE		☐ Delete	TITLI NAM	{			į	☐ Change	Addition	
NAME STREET ADDRESS			5	ELI ADORESS						
CITY-ST-ZIP				-ST-ZIP						
INTLE		☐ Delete	TITE	[☐ Change	☐ Addition	
name			MAM							
STREET ADDRESS			1	ET ADORESS						
City-ST-ZIP	<u> </u>			-S1-Z(P						
12. I hereby certify that the information supplied with this Thing 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.										

FILED

04-28-06 727-772-60-50 Date Osytma Place (