

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90075 050 ***150.00

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1. Entity Name
TWO BROTHERS GIFT SHOP, INC.

Principal Place of Business
5859 AMERICAN WAY
ORLANDO, FL 32819

Mailing Address
7802 KINGSPONTE PKWY
SUITE 201-B
ORLANDO, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207-A

City & State

City & State

03052004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3698814

Applied For
Not Applicable

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

J.A.O. SERVICES INC.
7802 KINGSPONTE PKWY
SUITE #201-B
ORLANDO, FL 32819

Name

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

207-A

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUBARAK, YOUSEF A
STREET ADDRESS 11980 REEDY CREEK DR., #105
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VSD ☐ Delete
NAME MUBARAK, RASHED
STREET ADDRESS 11980 REEDY CREEK DR., #105
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6640 Banner Lane Circle
CITY-ST-ZIP Orlando, FL 32821

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11724 Reedy Creek Drive #207
CITY-ST-ZIP Orlando, FL 32836

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

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: Red

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-07

Date

Daytime Phone #