

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 027 ***150.00

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DOCUMENT # P01000037030	
1. Entity Name THE BROTHERS USA, INC.	



Principal Place of Business 10219 GENERAL DRIVE, UNIT 4 ORLANDO, FL 32824	Mailing Address 10219 GENERAL DRIVE, UNIT 4 ORLANDO, FL 32824
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2. Principal Place of Business 3501 W. Vine ST.	3. Mailing Address 3501 W. Vine ST.
Suite, Apt. #, etc. MIRADA Plaza Ste. 285	Suite, Apt. #, etc. MIRADA Plaza Ste. 285
City & State Kissimmee, FLORIDA	City & State Kissimmee, FLORIDA
Zip 34741	Country USA

04082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3716156	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALEXANDRE, CARLOS A 1637 E VINE ST, STE 125 KISSIMMEE, FL 34744	
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7. Name and Address of New Registered Agent Name Alexandre, Carlos A. Street Address (P.O. Box Number is Not Acceptable) 3501 W. Vine ST. MIRADA Plaza Ste. 285 City Orlando FL Zip Code 34741	
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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 <i>Alexandre</i> DATE 4/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDRE, CARLOS A 1637 E VINE ST, STE 125 KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ALEXANDRE, CARLOS A. 3501 W. Vine ST. MIRADA Plaza Ste. 285 Kissimmee, Florida 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Alexandre</i> DATE 4/8/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>	
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