## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000066086

ALESSANDRA, REIS D

CORAL SPRINGS, FL 33067

5024 NW WAY

Name:

Address:

City-St-Zip:

Entity Name: D. BROTHERS GENERAL CONTRACTOR, INC.

FILED Apr 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1287 N UNIVERSITY DRIVE STE 102 9754 W SAMPLE RD CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 1287 N UNIVERSITY DRIVE STE 102 9754 W SAMPLE RD CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 FEI Number: 65-1117964 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DIAS, ELCIMAR DIAS, ELCIMAR 1287 N UNIVERSITY DRIVE STE 102 9754 W SAMPLE RD CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 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: ELCIMAR DIAS 04/20/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ELCIMAR, DIAS Name: Name: 6895 NW 108TH AVENUE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: ENQUE, DIAS Name: 5024 NW 57 WAY Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition ELIZABETH, DEAN Name: Name: 6895 NW 108 AVENUE Address: Address: City-St-Zip: PARKLAND, FL 33076 City-St-Zip: Title: DS (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ELCIMAR DIAS PRES 04/20/2004