


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90005 029 ***150.00

DOCUMENT # P01000100589	
1. Entity Name BROTHERS VENDING, INC.	

Principal Place of Business 1182 SW 144TH COURT MIAMI, FL 33184	Mailing Address 1182 SW 144TH COURT MIAMI, FL 33184
---	---

40103722




2. Principal Place of Business 1182 Alton Road	3. Mailing Address 1182 Alton Road
Suite, Apt. #, etc. # 14	Suite, Apt. #, etc. # 14
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Country USA

08162006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1145246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAST, LOUIS F 4805 NW 79TH AVENUE SUITE #9 MIAMI, FL 33166	
7. Name and Address of New Registered Agent Name Rosen & Switkes, PA Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Road Penthouse SE City Miami Beach FL Zip Code 33139	

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.

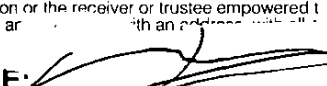
SIGNATURE:  **Harold Rosen, Esq.** DATE: **8/15/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DIAZ, MANUEL E JR 1182 SW 14TH COURT MIAMI, FL 33184 <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	VP BEZANILLA, DAVID 1182 SW 144TH COURT MIAMI, FL 33184 <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	T DIAZ, DULCE 1182 SW 144TH COURT MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an ☐ with an address change.

SIGNATURE:  **Manuel Diaz Pres.** DATE: **8/15/06** DAYTIME PHONE: **6514650**

SIGNATURE AND TYPED NAME OF OFFICER OR DIRECTOR