

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90306 035 ***150.00

DOCUMENT # P02000040015

1. Entity Name
THE FOUR BROTHERS GROUP, INC.



Principal Place of Business
1726 PARKWAY CT
WEST PALM BEACH, FL 33413

Mailing Address
1726 PARKWAY CT
WEST PALM BEACH, FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
01-0670184

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, OSVALDO J
5101 COLLINS AVE.
FLOOR 3 SUITE D
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

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

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 NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition	
PD	GONZALEZ, OSVALDO J 5101 COLLINS AVE. SUITE D MIAMI BEACH, FL 33140						
VD	CONTOLINI, MARISA ALBA 5101 COLLINS AVE. SUITE D MIAMI BEACH, FL 33140						

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:

(Signature and typed or printed name of signing officer or director)

04-26-04 (305)8073855
Date Daytime Phone #