2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

DOCUMENT # P02000064537 1. Entity Name B.R BROTHERS, INC.		537		Secretary of State
Principal Place of Business #15430 AVALON AVENUE CLEARWATER, FL 33760		Mailing Address #15430 AVALON AVENUE CLEARWATER, FL 33760		T CONTINUES HE WHERE HERE WHEN WHEN HAND WATER WHEN WHEN WE WE WERE WHEN WHEN THE WORLD WE HAVE TO SHARE WHEN THE WATER WHEN THE WATER WHEN THE WATER WHEN WE WANTED WHEN THE WATER WHEN WE WANTED WHEN WHEN WE WANTED WHEN WHEN WE WANTED WHEN WE WAN
				01292005 No Chg-P CR2E034 (10/03)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For Not Applied For Not Applied For
	6. Name and Address of Current R	anistered Armyt		5. Certificate of Status Desired \$8.75 Additional Fee Required
BARAJAS, VICENTE SR. #15430 AVALON AVENUE CLEARWATER, FL 33760				DO NOT WRITE IN THIS SPACE
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 trile 4 applicable. (NOTE: Registered Agent signature required when reinsteading) DATE				
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be ided to Fees
10.	OFFICERS AND D	RECTORS		and individual system to prove the province of the contribution of
NAME STREET ADDRESS CITY-ST-ZIP	BARAJAS, VINCENTE 15430 AVALON AVE CLEARWATER, FL 33760			000000209785 02/02/05-80055-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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.				

INTED NAME OF SIGNING OFFICER OR DIRECTOR