2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 13, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000114668** 1. Entity Name OLIVEIRA'S BROTHERS CORPORATION Principal Place of Business Mailing Address 750 LOCK ROAD #109 750 LOCK ROAD #109 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 09082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3718429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent OLIVEIRA, JOSE C DO NOT WRITE 448 LOCK ROAD #126 DEERFIELD BEACH, FL. 33442 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. 08/31/04 SIGNATURE (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE OLIVEIRA, JOSE C NAME STREET ADDRESS 750 LOCK RD., #109 U00000172173 09/13/04-80003-001 150.00 DEERFIELD BEACH, FL 33442 CITY-ST-ZIP D TITLE OLIVEIRA, JOSE C NAME STREET ADDRESS 750 LOCK RD., #109 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIRLE

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/04

Daytime Phone #

FILED