

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119425

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: G BROTHERS INC.

**Current Principal Place of Business:**

902A N DIXIE HWY  
LANTANA, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

902A N DIXIE HWY  
LANTANA, FL 33462 US

**New Mailing Address:**

FEI Number: 43-1983926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NIRANJANKUMAR, PATEL  
902A N DIXIE HWY  
LANTANA, FL 33462 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PATEL, NIRANJANKUMAR  
Address: 6462 NIKKI WAY  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: DVP ( ) Delete  
Name: PATEL, ANILKUMAR  
Address: 5120 SANCERRE CIR,  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: NIRANJANKUMAR PATEL

DP

01/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date