


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000125491	
1. Entity Name 4 BROTHERS ENTERPRISES OF COLLIER, INC	

Principal Place of Business 8933 FAWN RIDGE DRIVE FORT MYERS, FL 33912	Mailing Address 8933 FAWN RIDGE DRIVE FORT MYERS, FL 33912
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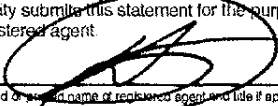


02252004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3883569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE


6. Name and Address of Current Registered Agent EDWARDS, DIAN M 1852 40TH TERRACE S.W., #B NAPLES, FL 34116	DO NOT WRITE IN THIS SPACE
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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 	DATE 02-25-04
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000073871 03/02/04-80054-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANIS, SHAWKAT 8090 S. WOODS CIRCLE, #10 FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GUDKOVA, ALBINA 8013 PANTHER TRAIL, #803 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RAHMAN, SHAHIDUR 27227 PULLEN AVENUE, #A7 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RAHMAN, MIZANUR 27227 PULLEN AVENUE, #A7 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 507, 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: 	DATE 02-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	