

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90142 030 \*\*\*150.00

DOCUMENT # P03000064886

1. Entity Name

4 BROTHERS CONTRACTORS, INC.



Principal Place of Business

1934 S. CONWAY #5  
ORLANDO, FL 32812 US

Mailing Address

PO BOX 720187  
ORLANDO, FL 32872 US

50047021



2. Principal Place of Business

813 Lowell Blvd.

3. Mailing Address

Suite, Apt. #, etc.

04142005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

4. FEI Number

65-1192563

Applied For

Not Applicable

Zip

32803

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ANGEL L  
1934 S. CONWAY #5  
ORLANDO, FL 32812

7. Name and Address of New Registered Agent

Name

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

813 Lowell Blvd.

P.H.

City

Orlando

FL

Zip Code

32803

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

Angel L. Rivera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D,C ☐ Delete  
NAME RIVERA, ANGEL L  
STREET ADDRESS 1934 S. CONWAY #5  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE P,S ☐ Delete  
NAME RIVERA, ANGEL L  
STREET ADDRESS 1934 S. CONWAY #5  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE D ☒ Delete  
NAME RIVERA, JOSE A  
STREET ADDRESS 2209 BARKSDALE DR.  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VP,T ☒ Delete  
NAME RIVERA, JOSE A  
STREET ADDRESS 2209 BARKSDALE DR.  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Angel L. Rivera

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/29/05

Date

321 251-0212

Daytime Phone #