

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90129 011 ***158.75

DOCUMENT # P03000066472

1. Entity Name
BEST BROTHERS FOOD, INC.



Principal Place of Business
**7777 NW 17TH AVENUE
MIAMI, FL 33147**

Mailing Address
**7777 NW 17TH AVENUE
MIAMI, FL 33147**

40033690



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0049973	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

- 6. Name and Address of Current Registered Agent.

**DISLA, JESUS
7777NW 17TH AVENUE
MIAMI, FL 33147**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISLA, JESUS 6561 NW 172ND LANE MIAMI, FL 33015
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DISLA, NERY 18290 MEDITERRIAN BLVD. APT. 506 MIAMI, FL 33015
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISLA, JUAN 5270 SW 133RD AVENUE MIRAMAR, FL 33027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jesus Disla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesus Disla, president 3/13/06

Date

Daytime Phone #