

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

04 APR -9 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012004 Chg-P CR2E034 (10/03) *MRS*

**DOCUMENT # P03000092414**

1. Entity Name  
**ENDARA BROTHERS INC.**



Principal Place of Business  
**6800 DAY STAR CT  
TALLAHASSEE, FL 32309**

Mailing Address  
**6800 DAY STAR CT  
TALLAHASSEE, FL 32309**

2. Principal Place of Business  
**851 SOUTH S.R. 434  
SUITE 1000  
ALBANY, FL**

3. Mailing Address  
**4213 CUMMINGS ST.  
SUITE, Apt. #, etc.  
ORLANDO, FL**

City & State  
**32714 U.S.A.**

City & State  
**32828 U.S.A.**

6. Name and Address of Current Registered Agent  
**ENDARA, MAURICIO  
6800 DAY STAR CT  
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent  
Name  
**ENDARA, MAURICIO**  
Street Address (P.O. Box Number is Not Acceptable)  
**4213 CUMMINGS STREET**  
City  
**ORLANDO** FL Zip Code  
**32828**

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]* DATE **4-1-04**

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENDARA, MAURICIO 6800 DAY STAR CT TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(SEE ABOVE ADDRESS)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ENDARA, SERGIO 15324 TORPOINT RD WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800033221308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/21/04-01005-015 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **4-1-04** DAYTIME PHONE # **850-528-1429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR