

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90130 005 ***150.00

DOCUMENT # P03000092414

1. Entity Name
ENDARA BROTHERS INC.



Principal Place of Business
**851 SOUTH S R 434
SUITE 1000
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**4213 CUMMINGS ST
ORLANDO, FL 32828**

2. Principal Place of Business

3. Mailing Address
1830 ACORN RIDGE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE FL

Zip

Country

Zip
32312

Country

USA

03062006

Chg-P

CR2E034 (11/05)

4. FEI Number
02-0707183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENDARA, MAURICIO
4213 CUMMINGS STREET
ORLANDO, FL 32828**

Name
MAURICIO ENDARA
Street Address (P.O. Box Number is Not Acceptable)
1830 ACORN RIDGE TRAIL
City
TALLAHASSEE **FL** Zip Code
32312

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ENDARA, MAURICIO
4213 CUMMINGS STREET
ORLANDO, FL 32828** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MAURICIO ENDARA
1830 ACORN RIDGE TRAIL
TALLAHASSEE FL 32312** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
ENDARA, SERGIO
15324 TORPOINT RD
WINTER GARDEN, FL 34787** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-06

850-528-1429