


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90001 050 ***150.00

DOCUMENT # P03000150291 1. Entity Name CARRIZALES BROTHER'S INC.			
Principal Place of Business 2912 N. PAINWAY DRIVE PLANT CITY, FL 33566 US		Mailing Address 2912 N. PAINWAY DRIVE PLANT CITY, FL 33566 US	
2. Principal Place of Business 2912 N. PINEWAY DR. Suite, Apt. #, etc.		3. Mailing Address 2912 N. PINEWAY DR. Suite, Apt. #, etc.	
City & State PLANT CITY FL		City & State PLANT CITY FL	
Zip Country 33566 USA		Zip Country 33566 USA	
4. FEI Number 20-0476368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CARRIZALES, LEOVIGILDO 2912 N PAINWAY DRIVE PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name CARRIZALES, LEOVIGILDO Street Address (P.O. Box Number is Not Acceptable) 2912 N. PINEWAY DR. City PLANT CITY FL Zip Code 33566	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 07-08-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! - FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRIZALES, LEOVIGILDO 2912 N. PAINWAY DRIVE PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRIZALES, LEOVIGILDO 2912 N. PINEWAY DR. PLANT CITY FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIZALES, LEOVIGILDO 2912 N. PAINWAY DRIVE PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIZALES, LEOVIGILDO 2912 PINEWAY DR. PLANT CITY FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVARADO, JAIME 2912 N. PAINWAY DRIVE PLANT CITY, FL 33566 <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	S CARRIZALES, ALONSO 2912 N. PAINWAY DRIVE PLANT CITY, FL 33566 <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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 07/08/04 Daytime Phone # 763-6359	

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