


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000150291 1. Entity Name CARRIZALES BROTHER'S INC.	
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Principal Place of Business 2912 N. PINEWAY DRIVE PLANT CITY, FL 33566 US	Mailing Address 2912 N. PINEWAY DRIVE PLANT CITY, FL 33566 US
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04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0476368	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARRIZALES, LEOVIGILDO
2912 N. PINEWAY DRIVE
PLANT CITY, FL 33566

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARRIZALES, LEOVIGILDO 2912 N. PINEWAY DRIVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRIZALES, LEOVIGILDO 2912 N. PINEWAY DRIVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVARADO, JAIME 2912 N. PINEWAY DRIVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRIZALES, ALONSO 2912 N. PINEWAY DRIVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/05-80069-018 158.75

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IN THIS SPACE**

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: *Leovigildo Carrizales* **4/20/05 (813) 763.6359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #