FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0400000177

CENTral Brothers Enterprise INC.



FILED Feb 27, 2004 8:00 am Secretary of State

02-27-2004 90010 040 ***150.00

DO NOT WRITE IN THIS SPACE 54012327 2. Principal Place of Business 3. Mailing Address 105 CORENA CT. SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 77-061-8215 issimmee Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required osceolo 7. Name and Address of Current Registered Agent DO-NOT-WRITE Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Kissimmee 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. 22-0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printer January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS CEO. TITLE TITLE Rohan C. Palmer Sz. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

TITLE NAME

STREET ADDRESS:

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALMER Sl. 02-2

-321-4456

Daytime Phone #

CR2E034B (12/02)