

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058963

FILED
Jan 29, 2009
Secretary of State

Entity Name: BROTHER'S CULINARY, INC.

Current Principal Place of Business:

1585 PINE RIDGE RD
#5
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1585 PINE RIDGE RD
#5
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-1221706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUME, CRAIG D ESQ
5801 PELICAN BAY BLVD
SUITE 103
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERMAN, MATTHEW D
Address: 5355 CORAL WOOD DR
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BERMAN, SETH
Address: 4560 5TH AVE SW
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: BERMAN, CARRIE L
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: BERMAN, CARRIE L
Address: 5355 CORAL WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARRIE L. BERMAN

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01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date