2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000074159

955 JUNNIPER CT

KISSIMMEE, FL 34743 US

Address: City-St-Zip:

FILED Dec 19, 2007 Secretary of State

Entity Name: TWO BROTHERS IRRIGATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2699 STIRLING ROAD SUITE C #305 FORT LAUDERDALE, FL 33312 US **New Mailing Address: Current Mailing Address:** 2699 STIRLING ROAD 2413 S.W. 58TH MANOR US SUITE C #302 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 US FEI Number: 65-0585580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANCHEZ-BERNAL, DORA I 2413 SW 58 MANOR FORT LAUDERDALE, FL 33312 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDCF () Delete Title: () Change () Addition Name: DORA I SANCHEZ-BERNA, L PRES.DIR.CEO, OWNER Name: 2413 SW 58 MANOR Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 US City-St-Zip: Title: Title: (X) Change () Addition () Delete VICTOR O BERNAL , V, ICE-P OWNER QU A LIFYER Name: VICTOR O BERNAL, V, ICE-P OWNER QU A LIFYER Name: 6940 N.W. 186TH ST APT A 431 3572 N.W. 39TH AVE Address: Address: HIALEAH, FL 33015 US LAUDERDALE LAKES, FL 33309 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition EDGAR A BERNAL ,SECR, ETARY OWNER Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DORA I. SANCHEZ-BERNAL **PRES** 12/19/2007