2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000112240

Name:

Address:

City-St-Zip:

FILED Oct 31, 2005 Secretary of State

Entity Nar	me: BROTHI	ERS TRUCKING SERVICES (CORP.	·	
Current Principal Place of Business:			New Principal Place of Business:		
	1 STREET RAL, FL 3399	90			
Current Mailing Address:			New Mailing Address:		
	RAL, FL 33990 Street Ral, FL 33990				
FEI Number:	: 20-1443095	FEI Number Applied For ()	FEI Number Not Appl	Dicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:	
1626 SE 2	1ST STREET	90 US			
		submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered A્	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PRIETO, EDU 1626 SE 21 S	ARDO A TREET	Name: Address:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BADELL, VICT 9911 W OKEE) Delete FOR M ECHOBEE ROAD, #210 IDENS, FL 33189	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (POZO, RAUL 4026 WINKLE FORT MYERS	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S (PRIETO, CEL 1626 SE 21 S CAPE CORAL	TREET	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition PRIETO, CELINDA 1626 SE 21 STREET CAPE CORAL, FL 33990	
Title:) D-1-4-	T:41	C () Change (V) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

MARTINEZ, ARMANDO

905 NE 8 STREET CAPE CORAL, FL 33909

SIGNATURE: EDUARDO PRIETO PD 10/31/2005