


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---|
| DOCUMENT # P04000117912 | |  |
| 1. Entity Name THE REAL ESTATE BROTHERS, INC. | | |

FILED
05 OCT -4 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 6554 HIDDEN COVE DRIVE DAVIE, FL 33314 | Mailing Address 6554 HIDDEN COVE DRIVE DAVIE, FL 33314 |
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|--|---------------------|
| 2. Principal Place of Business 210 NW 197TH AVE | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

09132005 Chg-P CR2E034 (10/03)

| | |
|-----------------------------------|--------------------|
| City & State Pembroke Pines FL | City & State |
| Zip 33029 | Country BROWARD |


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|---------------|-------------------------------|
| 4. FEI Number | Applied For Not Applicable |
|---------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent | |
| HACMAN, SAMUEL E 2506 MCKINLEY STREET HOLLYWOOD, FL 33020 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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.

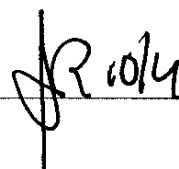
SIGNATURE  DATE 09.28.05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HACMAN, GABRIEL M 6554 HIDDEN COVE DRIVE DAVIE, FL 33314 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800060203508 <input type="checkbox"/> Addition 10/04/05--01012--010 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HACMAN, SAMUEL E 2506 MCKINLEY STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HACMAN, RUBENS 1425 JEFFERSON STREET HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



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:  DATE 09.28.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

September 6, 2005

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: The Real Estate Brothers, Inc.
Form/Period: Annual Report - 2005
Document Number: P04000117912

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the Annual Business Report.

The taxpayer did not receive the form via US Mail. I respectfully request that you consider waiving the penalty that normally follows in this situation for the year referenced above, as the penalty presents a financial hardship.

Your consideration toward this matter is greatly appreciated. The assessed penalty would create a severe economic hardship for the taxpayer. Please issue a closing letter directly to the taxpayer upon your determination.

Enclosed is a check for \$150.00 which represents the required annual fee for the year referenced above.

If you should have any questions, please do not hesitate to call my office.

Sincerely,



Mitchell J. Howard