

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 09, 2005 8:00 am
Secretary of State

04-13-2005 90028 025 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000119637			
1. Entity Name BIG BROTHERS MOVING COMPANY, INC.			
Principal Place of Business 9700 STARKEY ROAD #112 SEMINOLE FL 33777		Mailing Address 9253 WOLCOTT LANE PORT RICHEY FL 34668	
2. Principal Place of Business 9253 Wolcott Lane		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Richey FL		City & State	
Zip 34668		Country USA	
4. FEI Number 20-1505067		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELASRI, SHALYNN 9253 WOLCOTT LANE PORT RICHEY FL 34668		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 <i>Shalynn Elasri</i>		DATE 4-6-05	
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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELASRI, KARIM 9253 WOLCOTT LANE PORT RICHEY FL 34668 <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	VP ALMADANALI, AMAD 9700 STARKEY ROAD #112 SEMINOLE FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 9253 Wolcott Lane Port Richey, FL 34668 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELASRI, SHALYNN 9253 WOLCOTT LANE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Shalynn Elasri</i>		DATE 4-6-05 (422-1468)	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	