



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 045 ***150.00

DOCUMENT # P04000135942 1. Entity Name THE STRUGGLE BROTHERS, INC.					
Principal Place of Business 560 LINCOLN ROAD SUITE 301 MIAMI BEACH, FL 33139				Mailing Address 560 LINCOLN ROAD SUITE 301 MIAMI BEACH, FL 33139	
2. Principal Place of Business 4040 N.E. 2ND AVE Suite, Apt. #, etc. SUITE 401 City & State MIAMI, FL Zip 33137		3. Mailing Address 4040 N.E. 2ND AVE Suite, Apt. #, etc. SUITE 401 City & State MIAMI, FL Zip 33137			
4. FEI Number 30-0294162				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MALDEN, BRETT 560 LINCOLN ROAD SUITE 301 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name MALDEN, BRETT Street Address (P.O. Box Number is Not Acceptable) 4040 N.E. 2ND AVE Suite SUITE 401 City MIAMI FL Zip Code 33137		
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: <u><i>BRETT MALDEN</i></u> BRETT MALDEN President <u>4/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	PD MALDEN, BRETT 801 BRICKELL KEY BLVD UNIT 2006 MIAMI, FL 33131	<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	VSTD HARRISON, MARK J 180 MEADOWBROOK ROAD SARATOGA SPRINGS, NY 12866	<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	VD D'ANDREA, FRANCIS A 259 BRIGHAM ROAD GREENFIELD CENTER, NY 12833	<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
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: <u><i>BRETT MALDEN</i></u> AS President <u>4/30/05</u> <u>305.695.0222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					