

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146478

Entity Name: 2 BROTHERS 1 DREAM INC

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

11738 WESSON CIRCLE LN
TAMPA, FL 33618 US

New Principal Place of Business:

11738 WESSON CIRCLE W
TAMPA, FL 33618 US

Current Mailing Address:

11738 WESSON CIRCLE LN
TAMPA, FL 33618 US

New Mailing Address:

11738 WESSON CIRCLE W
TAMPA, FL 33618 US

FEI Number: 20-1804754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICARETTA, MARCIO
11738 WESSON CIRCLE LN
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

NICARETTA, MARCIO
11738 WESSON CIRCLE W
TAMPA, FL 33618 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:

03/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICARETTA, MARCIO
Address: 11738 WESSON CIRCLE LN
City-St-Zip: TAMPA, FL 33618 US

Title: V (X) Delete
Name: SANTOS, CARLOS R
Address: 4714 N. HABANA AVE., APT. 402
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete
Name: REIS, DEOCLEBER D
Address: 11028 STREAMSIDE DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICARETTA, MARCIO
Address: 11738 WESSON CIRCLE W
City-St-Zip: TAMPA, FL 33618 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MARCIO NICARETTA

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date