


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90125 006 \*\*\*150.00

**DOCUMENT # P04000162680**

1. Entity Name  
**M & A BROTHERS, INC.**



Principal Place of Business      Mailing Address

5403 W. IRLO BRONSON MEMORIAL HWY      210 RED MAPLE DR  
 B-75      KISSIMMEE, FL 34743      US  
 KISSIMMEE, FL 34746      US

**20034250**

2. Principal Place of Business      3. Mailing Address

*5403 W. IRLO BRONSON Mem HWY*      *210 RED MAPLE DR.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*B-75*

City & State      City & State

*KISSIMMEE FL*      *KISSIMMEE FL*

Zip      Country      Zip      Country

*34746 US*      *34743 US*



02102006      Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BENJOUALI, MUSTAPHA**  
 210 RED MAPLE DR  
 KISSIMMEE, FL 34743

Name      *BENJOUALI, ALI J.*

Street Address (P.O. Box Number is Not Acceptable)  
*210 RED MAPLE DR.*

City      *KISSIMMEE*      FL      Zip Code      *34743*

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 *Ali John BENJOUALI*      *Ali John*      *4/18/2006*

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent Signature required when changing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BENJOUALI, MUSTAPHA<br>210 RED MAPLE DR<br>KISSIMMEE, FL 34743<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BENJOUALI, ALI J<br>210 RED MAPLE DR<br>KISSIMMEE, FL 34743<br><input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained 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 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: *Ali John BENJOUALI*      *Ali John*      *4/18/2006*      *(407)3960521*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #