


**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*      *B-75*

City & State      City & State

*KISSIMMEE FL*      *KISSIMMEE FL*

Zip      Country      Zip      Country

*34746 US*      *34743 US*



02102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**42-1653091**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENJOUALI, MUSTAPHA</b>		NAME	
STREET ADDRESS <b>210 RED MAPLE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE, FL 34743</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BENJOUALI, ALI J</b>		NAME	
STREET ADDRESS <b>210 RED MAPLE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>KISSIMMEE, FL 34743</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #