2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042143

Entity Name: BECERRA BROTHERS, CORP

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4303 GINGER COVE DRIVE 4716 NORTH LOIS AVENUE

)

TAMPA, FL 33634 US TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

4303 GINGER COVE DRIVE 4716 NORTH LOIS AVENUE

TAMPA, FL 33634 US TAMPA, FL 33614 US

FEI Number: 20-2522632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

R

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECERRA, ALEXANDER
4303 GINGER COVE DRIVE
D
BECERRA, RICHARD
4716 N LOIS AVENUE
B

TAMPA, FL 33634 US TAMPA, FL 33614 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: RICHARD BECERRA 04/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BECERRA, ALEXANDER
 Name:
 BECERRA, RICHARD

 Address:
 4303 GINGER COVE DRIVE
 Address:
 4716 NORTH LOIS AVENUE

 City-St-Zip:
 TAMPA, FL 33634 US
 City-St-Zip:
 TAMPA, FL 33614 US

Title: VP () Delete Title: VP (X) Change () Addition

Name: BECERRA, RICHARD Name: CINDY, PALACIO

 Address:
 4311 GINGER COVE DRIVE
 Address:
 4716 NORTH LOIS AVENUE

 City-St-Zip:
 TAMPA, FL 33634 US
 City-St-Zip:
 TAMPA, FL 33614 US

Title: SEC (X) Delete Title: () Change () Addition

 Name:
 BERRIOS CONTRERAS, ANA
 Name:

 Address:
 4303 GINGER COVE DRIVE D
 Address:

 City-St-Zip:
 TAMPA, FL 33634 US
 City-St-Zip:

Title: TREA (X) Delete Title: () Change () Addition

 Name:
 PALACIO, CINDY
 Name:

 Address:
 4311 GINGER COVE DRIVE A
 Address:

 City-St-Zip:
 TAMPA, FL 33634 US
 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: RICHARD BECERRA P 04/18/2006