

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093759

Entity Name: CERON BROTHER'S, INC.

FILED  
Apr 10, 2009  
Secretary of State

**Current Principal Place of Business:**

756 SW 9TH ST  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

821 ANNE AVE  
HENDERSONVILLE, NC 28739 US

**New Mailing Address:**

FEI Number: 20-3094512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CERON, JESUS  
756 SW 9TH ST  
FLORIDA CITY, FL 33034 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CERON, JESUS  
Address: 756 SW 9TH ST  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: V ( ) Delete  
Name: FLORES, SINTIA  
Address: 756 SW 9TH ST  
City-St-Zip: FLORIDA CITY, FL 33034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: SINTIA CERON

P

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date