

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000034454

1. Entity Name  
THE BROTHER TECHNOLOGY, CORP



Principal Place of Business  
9737 NW 41 ST  
# 570  
MIAMI, FL 33178

Mailing Address  
9737 NW 41 ST  
# 570  
MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

LEWIS, LIUDMILA C  
9737 NW 41 ST  
# 570  
MIAMI, FL 33178

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LEWIS, LIUDMILA C  
STREET ADDRESS 9737 NW 41 ST # 570  
CITY-ST-ZIP MIAMI, FL 33178

Delete

TITLE VP  
NAME GUTIERREZ, DANIEL  
STREET ADDRESS 9737 NW 41 ST # 570  
CITY-ST-ZIP MIAMI, FL 33178

Delete

TITLE T  
NAME LEWIS, ADRIAN  
STREET ADDRESS 9737 NW 41 ST # 570  
CITY-ST-ZIP MIAMI, FL 33178

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

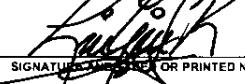
Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:  LIUDMILA LEWIS  
SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/07 786-506.5001  
Date Daytime Phone #

**FILED  
Apr 30, 2007 8:00 am  
Secretary of State**

04-30-2007 90415 020 \*\*\*150.00



03132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4450814</b>	Applied For
	Not Applicable

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