

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-09-2007 90093 035 ***150.00

DOCUMENT # P06000036136 1. Entity Name BROTHER'S AND SISTER'S, INC					
Principal Place of Business 7491 NW 20 CT SUNRISE FL 33313 US			Mailing Address 7491 NW 20 CT SUNRISE FL 33313 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-44 68746	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent EDMOND, TIFIFI VP 7491 NW 20 CT SUNRISE FL 33313				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 NAME STREET ADDRESS CITY - ST - ZIP	P ALCEUS, BARETTE 7491 NW 20 SUNRISE FL 33313	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EDMOND, TIFIFI 7491 NW 20 SUNRISE FL 33313	☐ 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Barette Alceus</i> ALCEUS BARETTE <i>4/26/07</i> 4/26/07					