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Secretary of State

02-27-2007 90004 018 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000060039

2/ Entity Name
BROTHERS MEAT AND GROCERIES INC

Principal Place of Business
33221B/\/FO/\FF
GJOFSDF!G/\/145: 61

Mailing Address
33221B/\/FO/\FF
GJOFSDF!G/\/145: 61

02122007 Di h.Q DS3F145!)23017*

3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

5/ FEI Number 204785559 — Applied For / Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejujpobm G f !Sf r vjd e

7/ Obn f !boalBeed t ! !pgDv ef ouS f hjt u f elBhf ou

SHREITEH, NAEL
2211 AVENUE E
FORT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name

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

City GM Zip Code

9/ 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

: / Election Campaign Financing Trust Fund Contribution. ☐ %6/11 NbzlCf! Beef elup!G f t

21/ OFFICERS AND DIRECTORS			22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHREITEH, NAEL 2211 AVENUE E FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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23/ 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.

TJHOBUVSF: [signature] 14.02.07

TJHOBUVSF BOE UZQFE PS QSJOUFE OBNF PG TJHOJOH PGGJDFS PS EJSFDUPS — Date — Daytime Phone #