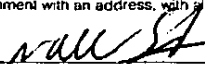


FILED
Mar 15, 2007 8:00 am
Secretary of State

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/PO/FF QUOFSDF:QM45: 61		Mailing Address 33221B/PO/FF QUOFSDF:QM45: 61	
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 Beejupobm Gf!Sfrvjde	
7/ On f!bealBees f!t!pgDresf ouSt!ht u!# elBh f ou		7. Name and Address of New Registered Agent	
SHREITEH, NAEL 2211 AVENUE E FORT PIERCE, FL 34950		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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		1/ Election Campaign Financing Trust Fund Contribution. ☐ %6/11 Nbz!Cl! 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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.			
TJHOBVVSF: 		14.02.07	
TJHOBVVSF:BOEUVZOFEP'SOSJUFEP'OBNF'PQTJHOBVVSF'SP'SE,SDP'S		Date Daytime Phone #	