


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90031 050 ***150.00

DOCUMENT # P06000083980 1. Entity Name BROTHERS FOUR TRUCKING INC					
Principal Place of Business 5172 NE RUGBY DR PORT ST. LUCIE, FL 34983			Mailing Address 5172 NE RUGBY DR PORT ST. LUCIE, FL 34983		
2. Principal Place of Business - No P.O. Box # 5172 NW RUGBY Drive		3. Mailing Address 5172 NW RUGBY Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 20-5092367	
Zip 34983		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34983		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent LUNA CHRISTINE, 5172 NE RUGBY DR PORT ST. LUCIE, FL 34983				7. Name and Address of New Registered Agent Name Christine LUNA Street Address (P.O. Box Number is Not Acceptable) 5172 N.W. RUGBY Drive City Port St. Lucie FL Zip Code 34983	
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 <u><i>Christine Luna</i></u> Christine LUNA - VD 1/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LUNA, RICARDO M 5172 NE RUGBY DR PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNA, CHRISTINE 5172 NE RUGBY DR PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNA, Ricardo M 5172 NW RUGBY DR Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNA, Christine 5172 NW RUGBY DR Port St. Lucie, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <u><i>Ricardo Luna</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/22/07 <small>Date Daytime Phone #</small>	