## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000142727

Entity Name: ALTMAN BROTHER'S, INC.

843 SW TROUVILLE AVE

PORT SAINT LUCIE, FL 34953

Address:

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 843 SW TROUVILLE AVE PORT SAINT LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 843 SW TROUVILLE AVE PORT SAINT LUCIE, FL 34953 FEI Number: 22-3946482 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ALTMAN, CHARLES M Name: Name: 843 SW TROUVILLE AVE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: VST () Delete Title: () Change () Addition ALTMAN, MICHAEL PAUL Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES ALTMAN P 04/25/2007