2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE 比

Jan 19, 2007 8:00 am Secretary of State **DOCUMENT # P06000152213** 01-19-2007 90023 041 ***150.00 1. Entity Name **E&T BROTHERS, INC.** Principal Place of Business Mailing Address 457 SO DIXIE HIGHWAY 457 SO DIXIE HIGHWAY POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Bysiness - No P.O. Box # 1301 W. Copoms Rd. Mailing Address 301 W. 01142007 CR2E034 (12/06) Chq-P Applied For 4. FEI Number 20-20944 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ELIAS, RAMEZ** Street Address (P.O. Box Number is Not Acceptable) 457 SO DIXIE HIGHWAY #=100S POMPANO BEACH, FL 33060 City Boca Raton 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 (NOTE: Registered Agent signature required when reinstating) media firnited name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Addition Elias, Ramez NAME ELIAS, RAMEY NAME STREET ADDRESS 310 S.E. MIZNER BLVD., #1005 STREET ADDRESS CITY-ST-ZIP BOCA RATION, FL 33432 CITY-ST-7IE TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME MUFLEH, ALAA 310 S.E. MIZNER BLVD., #1005 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP BOCA RATON, FL 33432 CITY-ST-ZIP Quiterneh, Auchen S. Khaleal 310 S.E. Muyner Blood. #1005 TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Boca Ration, FL. 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 occurate 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.

Ramez Elias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR C

FILED