

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90032 044 ***150.00

DOCUMENT # P07000041828 1. Entity Name 4 BROTHERS ENTERPRISES, INC.			
Principal Place of Business 8960 NW 23RD STREET CORAL SPRINGS, FL 33065		Mailing Address 8960 NW 23RD STREET CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 11685 West Atlantic Blvd #3 Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071		Zip 33071	
Country USA		Country USA	
4. FEI Number 10-0893127		Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, EUSEBIO 8960 NW 23RD STREET CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Jennifer L. Ramirez Street Address (P.O. Box Number is Not Acceptable) 11685 West Atlantic Blvd #3 City Coral Springs FL Zip Code 33071	
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>Jennifer L. Ramirez, President</u> DATE 7/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RAMIREZ, EUSEBIO STREET ADDRESS 10857 NW 46TH DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE President NAME Jennifer L. Ramirez STREET ADDRESS 11685 West Atlantic Blvd #3 CITY-ST-ZIP Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME RAMIREZ, JUAN STREET ADDRESS 8960 NW 23RD STREET CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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, without other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/15/08 Daytime Phone #	