

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000064364

1. Entity Name
THE BROTHERS GROUP UNLIMITED, INC.



Principal Place of Business
**1651 US HIGHWAY 17/92
LAKE ALFRED, FL 33850 US**

Mailing Address
**1651 US HIGHWAY 17/92
LAKE ALFRED, FL 33850 US**



03082008 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0576218

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ARAMINO, JONATHAN D
16039 HORIZON COURT
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000005568
04/07/08-80033-025 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ARAMINO, JONATHAN D 16039 HORIZON COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ARAMINO, JONATHAN D 16039 HORIZON COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT ARAMINO, ADAM C 16039 HORIZON COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ARAMINO, JONATHAN D 16039 HORIZON COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ARAMINO, ADAM C 16039 HORIZON COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Jon Aramino* **Jon Aramino President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/08 407 616 7485

Date Daytime Phone #