

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118809

FILED
Mar 04, 2009
Secretary of State

Entity Name: BROTHERS & DREAMS CORPORATION

Current Principal Place of Business:

5824 NW GILLESPIE AVE.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

7592 SOUTH US HIGHWAY 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

5824 NW GILLESPIE AVE.
PORT ST. LUCIE, FL 34986

New Mailing Address:

7592 SOUTH US HIGHWAY 1
PORT ST. LUCIE, FL 34952

FEI Number: 77-0703513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, OSWALDO
5824 NW GILLESPIE AVE.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HERRERA, OSWALDO
Address: 5824 NW GILLESPIE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P () Delete
Name: HERRERA, MARCOS
Address: 5824 NW GILLESPIE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: V () Delete
Name: SUAREZ, IRMA
Address: 5826 NW GILLESPIE AVE.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: OSWALDO HERRERA

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date