2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087722

Name:

Address:

City-St-Zip:

Entity Name: BROTHERS FASHION INCORPORATED

FILED Apr 29, 2009 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place of Business:
3813 NORTH ANDREWS AVENUE OAKLAND PARK, FL 33309		2700 WEST ATLANTIC BLVD 244 POMPANO BEACH, FL 33069
Current N	lailing Address:	New Mailing Address:
	TH ANDREWS AVENUE PARK, FL 33309	P O BOX 669313 POMPANO BEACH, FL 33066
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	I Address of Current Registered Agent	: Name and Address of New Registered Agent:
1303 EAST NORTH LA	i; MICHAEL T GLEN OAK ROAD AUDERDALE, FL 33068 US named entity submits this statement for the official control of the control	he purpose of changing its registered office or registered agent, or both,
SIGNATUI		
OIOIVATOI	Electronic Signature of Registered	Agent Date
Election Ca	mpaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete CHARLES, GUESTLY 1340 NW 7TH AVENUE FORT LAUDERDALE, FL 33311	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete FENELUS, MICHAEL 1303 EAST GLEN OAK ROAD NORTH LAUDERDALE, FL 33068	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SEC () Delete RONALD, LAMAR 3555 WEST ATLANTIC AVENUE APT 514 POMPANO BEACH, FL 33069	Title: SEC (X) Change () Addition Name: DEANORD, GUY Address: 3555 WEST ATLANTIC AVENUE APT 514 City-St-Zip: POMPANO BEACH, FL 33069
Title:	() Delete	Title: TREA () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

ROFFANE, WILKINS

POMPANO BEACH, FL 33066

P O BOX 669313

SIGNATURE: GUESTLY CHARLES P 04/29/2009