

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105110

Entity Name: RISING BROTHERS, INC

FILED  
Sep 25, 2009  
Secretary of State

## Current Principal Place of Business:

2101 CRYSTAL DR  
FORT MYERS, FL 33907

## New Principal Place of Business:

516 W MAIN STREET  
IMMOKALEE, FL 34142

## Current Mailing Address:

6908 SUN N LAKE BLVD  
SEBRING, FL 33872 US

## New Mailing Address:

516 W MAIN STREET  
IMMOKALEE, FL 34142

FEI Number: 27-0698815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAIZ, SUSAN C  
6908 SUN N LAKE BLVD  
SEBRING, FL 33872 US

## Name and Address of New Registered Agent:

FAIZ, SUSAN C  
516 W MAIN STREET  
IMMOKALEE, FL 34142 US

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: SUSAN C FAIZ

09/25/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FAIZ, SUSAN C  
Address: 6908 SUN N LAKE BLVD  
City-St-Zip: SEBRING, FL 33872

Title: VP ( ) Delete  
Name: AMIN, RENU  
Address: 6908 SUN N LAKE BLVD  
City-St-Zip: SEBRING, FL 33872

Title: VP (X) Delete  
Name: LASKAR, SHAGAR  
Address: P.O. BOX 60433  
City-St-Zip: FORT MYERS, FL 33906

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AMIN, RENU  
Address: 516 W MAIN STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: VP (X) Change ( ) Addition  
Name: FAIZ, SUSAN C  
Address: 516 W MAIN STREET  
City-St-Zip: IMMOKALEE, FL 34142

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: RENU AMIN

P

09/25/2009

Electronic Signature of Signing Officer or Director

Date