

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043020

Entity Name: BETTENCOURT BROTHERS, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

6865 NW 15TH. STREET
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

PO BOX 7539
FT. LAUDERDALE, FL 33338

New Mailing Address:

PO BOX 19438
PLANTATION, FL 33318

FEI Number: 65-0590934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGG, ROBERT. M
6865 NW 15TH. STREET
PLANTATION, FL 33313 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: P () Delete
Name: LEGG, ROBERT, M
Address: 6865 NW 15TH. STREET
City-St-Zip: PLANTATION, FL 33313

Title: TS () Delete
Name: LEGG, ROBERT. M
Address: 6865 NW 15TH. STREET
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TS (X) Change () Addition
Name: LEGG, TARA A
Address: 6865 NW 15TH. STREET
City-St-Zip: PLANTATION, FL 33313

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: TARA LEGG

TS

04/09/2009

Electronic Signature of Signing Officer or Director

Date