

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000067998

1. Entity Name
BROTHERS I & P INC.



Principal Place of Business
**11350 S.W. 40TH TERRACE
MIAMI, FL 33165**

Mailing Address
**11350 S.W. 40TH TERRACE
MIAMI, FL 33165**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0634206** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENA, ISAIAS
11350 S.W. 40TH TERRACE
MIAMI, FL 33165**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000001462192
03/21/06-80025-023 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PENSA, ISAIAS**
STREET ADDRESS **11350 S.W. 40TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VP**
NAME **PENA, CARLOTA**
STREET ADDRESS **11350 S.W. 40 TERR**
CITY-ST-ZIP **MIAMI, FL**

TITLE **PD**
NAME **PENA, ISAIAS**
STREET ADDRESS **11350 SW 40 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE
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CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAIAS PENA

3/3/06 305-551-1337

Date

Daytime Phone #