





FILED
Mar 22, 2007 8:00 am
Secretary of State

02-22-2007 90009 012 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000089506						66006163			
1. Entity Name MUI'S BROTHERS, INC.									
Principal Place of Business 6757 W. 4TH AVE. HIALEAH, FL 33012			Mailing Address 6757 W. 4TH AVE. HIALEAH, FL 33012						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					02032007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number 65-0736861 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State			City & State					5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BO MAN, MUI 18999 BISCAYNE BLVD., #205 AVENTURA, FL 33180				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when renouncing)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MUI, BO M			NAME					
STREET ADDRESS	8953 NW 117 TERRACE			STREET ADDRESS					
CITY-ST-ZIP	HIALEAH GARDENS, FL			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
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TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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, will fall thereof like empowered.									
SIGNATURE: 				SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 4/20/07 Daytime Phone: _____					