

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000080997

1. Entity Name

B & R ENTERPRISES GROUP, INC.



Principal Place of Business

10247 NORTH CIRCLE BLDG. 111
SUITE 202
BOYNTON BEACH FL 33437

Mailing Address

POST OFFICE BOX 4705
BOYNTON BEACH FL 33424



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0746803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME FELDMAN, BERT
STREET ADDRESS 10247 NORTH CIRCLE, LAKE DRIVE, BLDG. 111
CITY- ST- ZIP BOYNTON BEACH FL 33437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000324534
04/22/05-80094-019 150.00

TITLE VTD
NAME FELDMAN, RENEE E
STREET ADDRESS 10247 NORTH CIRCLE, LAKE DRIVE, BLDG. 111
CITY- ST- ZIP BOYNTON BEACH FL 33437

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Bert Feldman **BERT FELDMAN PRESIDENT**

Date

Daytime Phone #

4/20/05 561-289-5018