

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90088 028 ***150.00

DOCUMENT # P96000083924

1. Entity Name

3R/BROTHERS, INC.



Principal Place of Business

1208 MULBERRY PLACE
WELLINGTON FL 33414

Mailing Address

1208 MULBERRY PLACE
WELLINGTON FL 33414

2. Principal Place of Business

809 BLUEBERRY DR.

Suite, Apt. #, etc.

3. Mailing Address

809 BLUEBERRY DR.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

65-0740588

Applied For

Not Applicable

Zip

33414

Country

Zip

33414

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT B
1208 MULBERRY PL
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

- SAME -

Street Address (P.O. Box Number is Not Acceptable)

809 BLUEBERRY DR.

City

WELLINGTON

FL

Zip Code

33414

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]

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, 2004 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

TITLE D ☐ Delete
NAME RODRIGUEZ, BLAIS M
STREET ADDRESS 1208 MULBERRY PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete
NAME RODRIGUEZ, MARIO
STREET ADDRESS 1208 MULBERRY PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete
NAME RODRIGUEZ, ROBERT
STREET ADDRESS 1208 MULBERRY PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete
NAME RODRIGUEZ, MICHAEL
STREET ADDRESS 1208 MULBERRY PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] ROBERT B. RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04 561-261-0075
Daytime Phone #