

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000083924

1. Entity Name
3R/BROTHERS, INC.



Principal Place of Business
809 BLUEBERRY DR
WELLINGTON, FL 33414

Mailing Address
809 BLUEBERRY DR
WELLINGTON, FL 33414



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0740588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT B
809 BLUEBERRY DR.
WELLINGTON, FL 33414

**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)

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01/17/07-650740-004 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, BLAS M
STREET ADDRESS	1862 S. CLUB DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	RODRIGUEZ, MARIO A
STREET ADDRESS	317 N.W. SOMERSET CR.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	D
NAME	RODRIGUEZ, ROBERT B
STREET ADDRESS	809 BLUEBERRY DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	RODRIGUEZ, MICHAEL A
STREET ADDRESS	10696 GRANDE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

Robert B. Rodriguez ROBERT B. RODRIGUEZ 1/13/07 561-261-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #