

2004 FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90036 021 ***150.00

DOCUMENT # P98000094491



1. Entity Name
BROTHERHOOD SERVICES, INC.

Principal Place of Business
15220 SW 72ND AVENUE
MIAMI, FL 33193

Mailing Address
14511 S.W. 285 STREET
LEISURE CITY, FL 33033-1621

04067430



2. Principal Place of Business
15220 S.W. 72nd St.
Suite, Apt. #, etc.

3. Mailing Address
15220 S.W. 72nd St.
Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip 33193 Country

City & State
Miami, FL
Zip 33193 Country

4. FEI Number 65-0872311 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SEAL, DAKSHINA R
15220 SW 72ND AVENUE
MIAMI, FL 33193

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
15220 S.W. 72nd St.
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SEAL, DAKSHINA 14511 SW 285TH STREET LEISURE CITY, FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dakshina Seal Date: 3/30/04 Daytime Phone # 305-246-7001
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR