2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

SIGNATURE: Country Signature Signat	1. Entity Name	MENT # P99000054 BROTHERS, INC.		04-29-20	004 90267 03	35 ***150.00			
Suite Applied Suite Applie	13186 SW 13	30 TERRACE	8404 SW 40 STREET						
Sulle, Apr. #, 6tc. Sulle, Apr. #, 6tc. Sulle, Apr. #, 6tc. Sulle, Apr. #, 6tc. Sulle, Apr. #, 6tc. Sulle, Apr. #, 6tc. Apr. #,	2. Principal Place of Business 3. Mailing Address 13186 8/6/ / 13			130 TERRACE					
MITANT, FL	Suite, Apt. #, etc.		<u> </u>			Chg-P	CR2E034 (10	0/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 8. The above name energesubmiss the submissions that submissions the submissions that submis	City & State				1			Applied For Not Applicable	
Name BASSIL E. BATTAH Street Addings (F O, Box Numbers) is Not Acceptable to Number 1 Not Number 1 Number 1 Not Number 1 Not Number 1 N	-Zip		33186			<u> </u>	Fee R	lequired -	
Sirect Address of the Saw August Street Address of the Saw August August Street Address of the Saw August August Street August August Street August August Street August August August August Street August August Street August August Street August			Registered Agent	Name					
City MIAMI FL Z95186 8. The above name united submits this safetime purity type typose of changing its registered office or registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered sagent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered sagent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered sagent specified agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered sagent specified agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fixinda. I am familiar with, and accept the obligations of registered office or registered agent, or both, in the State of Fixinda agent, or both in the State of Fixinda agent a	5404-SW-40-STREET			Street Addr	Street Address (P.O. Box Number is Not Acceptable) 13186 S.W./ 130 TERRACE				
8. The above name entity submits the sthemety by the Propose of changing its registered office or registered agent, or both, in the State of Florida. I san familiar with, and accept the obligations of registered agent. BASSIL E. BATTAH			`	City	MTAMT		El Zi	999 6	
BASSIL E. BATTAH Q4/27/04 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. TITLE PVTS STRET ADDRESS CITY-ST-2P MIAMI, FL 33176 TITLE ST Delete MWE BATTAH, BASSIL STRET ADDRESS CITY-ST-2P MIAMI, FL 33176 TITLE VP NAME BATTAH, BASSIL STRET ADDRESS CITY-ST-2P MIAMI, FL 33176 TITLE VP NAME BATTAH, BASSIL STRET ADDRESS CITY-ST-2P MIAMI, FL 33176 TITLE VP NAME NAME RUIZ SALAR, ELEANO NAME NAME STRET ADDRESS CITY-ST-2P MIAMI, FL 33176 TITLE NAME STRET ADDRESS CITY-ST-2P TITLE	8. The above named entity submits his statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE PVTS BATTAH, HILDA 11260 SW 95 ST CITY-ST-2P MIAMI, FI 33176 TITLE ST NAME BATTAH, BASSIL SIRET MONESS CITY-ST-2P SIRET MONESS CITY-ST-2P TITLE NAME BATTAH, BASSIL SIRET MONESS CITY-ST-2P TITLE NAME RUIZ SALAR, ELEANO SIRET MONESS CITY-ST-2P TITLE NAME SIRET MONESS CI	BASSIL E. BATTAH 04/27/04								
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PVTS INVERTIGATION SOCIETY OF STATE CONTROL OF STATE ADDRESS 11260 SW 95 ST STREET ADDRESS 11260 SW 95 ST STREET ADDRESS 11260 SW 95 ST STREET ADDRESS 11260 SW 95 STREET STREET STREET STREET STREET ADDRESS 11260 SW 95 STREET STREET STREET ADDRESS 11260 SW 95 STREET ADDRESS CITY-ST-2P STREET STR	FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME BATTAH, BASSIL SITRET ADDRESS CITY-ST-ZIP TITLE NAME BATTAH, BASSIL SITRET ADDRESS CITY-ST-ZIP TITLE NAME SITRET ADDRESS CITY-ST-ZIP TITLE SITRET ADDRESS CITY-ST-ZIP SITRET ADDRESS	10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFI	ICERS AND DIRE	CTORS IN 11	
CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP MILE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-Z		· -	🔀 Delete					hange	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE VP RUIZ SALAR, ELEANO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP DELET STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY									
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE VP NAME RUIZ SALAR, ELEANO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S		l T	☐ Delete	,,,,		BATTAH	K 0	Change [] Addition	
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREE		11260 SW 95 STREET		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			☑ Delete _	•				hange _ Addition_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI	STREET ADDRESS	11260 SW 95 STREET							
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TO ADDRESS CITY-ST-ZIP TO ADDRESS CITY-ST-ZIP TO ADDRESS STREET ADDRESS S			☐ Delete**		 :			Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 of suppliemental 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 trusted 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 allotter rife empowered. SIGNATURE: BASSIL E. BATTAH 04/27/04 (305) 255-0700	STREET ADDRESS	,ł ,		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE 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 of 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 trusted empowered to exempt 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 allotter rife empowered. SIGNATURE: BASSIL E. BATTAH 04/27/04 (305) 255-0700			\ Delete					Change	
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 of 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 truste empowered to exempt 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 officer file empowered. SIGNATURE: BASSIL E. BATTAH 04/27/04 (305) 255-0700	STREET ADDRESS			STREET ADDRESS					
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 of 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 truster empowered to exempt 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 allotter rise empowered. SIGNATURE: BASSIL E. BATTAH 04/27/04 (305) 255-0700	ALABAT		☐ Delete					Change	
SIGNATURE: BASSIL E. BATTAH 04/27/04 (305) 255-0700	STREET ADDRESS			STREET ADDRESS					
SIGNATURE: 17 / BASSIS B. SATIAL	1								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNAT	URE: SIGNATURE AND TYPED OR S			AH				