2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# S23122

Entity Name: CORTEO BROTHERS, INC.

Current Principal Place of Business:

1320 N UNIVERSITY DR
PEMBROKE PINES, FL 330252246

New Principal Place of Business:

Current Mailing Address:

16100 NE 16 AVE.
STE. B HIXON MARIN
N. MIAMI BCH., FL 33162 US

New Mailing Address:

C/O HMD 1557 NE 164 STREET
SUITE 201
N. MIAMI BCH., FL 33162 US

FEI Number: 65-0232978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORNSTEIN, STEVE
9900 STIRLING RD
COOPER CITY, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CORTEO, SALVATORE
Address: 1320 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL

Title: VDS ( ) Delete
Name: CORTEO, JOSEPH
Address: 1320 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL

Title: T ( ) Delete
Name: CORTEO, JOSEPH
Address: 1320 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CORTEO, SALVATORE
Address: 1320 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VDS (X) Change ( ) Addition
Name: CORTEO, JOSEPH
Address: 1320 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: T (X) Change ( ) Addition
Name: CORTEO, JOSEPH
Address: 1320 N UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HIXSON CPA 06/08/2009

Electronic Signature of Signing Officer or Director Date