

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # G28109 1. Entity Name ROBERT K. BROWNELL, INC.	
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Principal Place of Business 615 SAN LORENZO CORAL GABLES, FL 33146	Mailing Address 615 SAN LORENZO CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

	
03082004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-2266620	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMONT, NEIMAN & FEURMAN, P.A. ONE BISCAYNE TOWER-SUITE 3550 TWO SOUTH BISCAYNE BLVD. MIAMI, L, FL 33131	DO NOT WRITE IN THIS SPACE
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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.

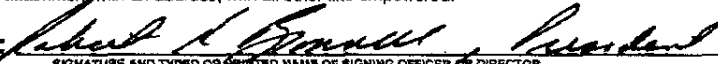
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BROWNELL, ROBERT K. 615 SAN LORENZO MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWNELL, ROBERT K. 615 SAN LORENZO MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-31-04 305 667-4708 Date Daytime Phone #
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ROBERT K. BROWNELL