

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H88428

Entity Name: BROWNIE'S BAR, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1411 S. ANDREWS AVENUE
FORT LAUDERDALE, FL 333161839

New Principal Place of Business:

Current Mailing Address:

15751 SHERIDAN STREET
#206
DAVIE, FL 33331

New Mailing Address:

FEI Number: 59-2608996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, LICINIO
1411 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CRUZ, LICINIO,
Address: 1411 S. ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL

Title: S () Delete
Name: CURZ, MARIA T
Address: 1411 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VP () Delete
Name: CRUZ, PAULO
Address: 1411 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: VP () Delete
Name: CRUZ, LICINIO J
Address: 1411 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LICINIO J CRUZ

VP

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date