


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000001570
 1. Entity Name
BROWNSTONE INTERIORS, INC.



Principal Place of Business Mailing Address
9128 AFFIRMED LANE **9128 AFFIRMED LANE**
BOCA RATON, FL 33496 **BOCA RATON, FL 33496**

DO NOT WRITE IN THIS SPACE



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
85-1064439 Not Applicable

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

6. Name and Address of Current Registered Agent
COHEN, STEVEN E
9128 AFFIRMED LANE
BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable

U00000501601
 04/25/06-80070-003 8.75

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000501601
 04/25/06-80070-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, STEVEN E
STREET ADDRESS	9128 AFFIRMED LANE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	COHEN, RITA L. H
STREET ADDRESS	9128 AFFIRMED LANE
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rita L H Cohen 4/7/06 561 2789171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #