


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 010 ***150.00

DOCUMENT # P01000106886			
1. Entity Name FLORENCE BROMLEY INC.			
Principal Place of Business 3000 N.E. 30TH PLACE SUITE 308 FORT LAUDERDALE FL 33306		Mailing Address 2000 N.E. 30TH PLACE SUITE 308 FORT LAUDERDALE FL 33306	
2. Principal Place of Business 4300 N. OCEAN BLVD.		3. Mailing Address SAME AS #2	
Suite, Apt. #, etc. # 14-E		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL.		City & State	
Zip 33308	Country USA	Zip	Country
6. Name and Address of Current Registered Agent BROMLEY, FLORENCE DE LA ROSA 3000 N.E. 30TH PL STE 308 FORT LAUDERDALE FL 33306		7. Name and Address of New Registered Agent Name: CARLL R. JACOBS Street Address (P.O. Box Number is Not Acceptable): 4300 N. OCEAN BLVD. # 14-E City: FT. LAUDERDALE FL, FL Zip Code: 33308	
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: CARLL ROSS JACOBS <i>Carll R Jacobs</i> DATE: 5-25-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROMLEY, FLORENCE 3000 N.E. 30TH PLACE, SUITE 308 FORT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARLL R. JACOBS 4300 N. OCEAN BLVD #14-E FT. LAUDERDALE FL. 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number 65-1152199	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CARLL ROSS JACOBS *Carll R Jacobs* DATE: 5-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #