2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000096347** 04-05-2004 90013 045 ***150.00 1. Entity Name BROKER MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 66412678 2200 NORTH FEDERAL HIGHWAY 2200 NORTH FEDERAL HIGHWAY SUITE 203 SUITE 203 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 *CR2E034 (10/03) City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, JOHN P Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431 Zip Code City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE ☐ Chance GEISEN, BRADFORD R NAME NAME. 2200 NORTH FEDERAL HIGHWAY, SUITE 305A STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33431 CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. FEB 2 5 2004 SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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