


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P26596</b>	
1. Entity Name <b>BROOKSHORE, LTD. CORPORATION</b>	

Principal Place of Business <b>3401 SO. OCEAN BLVD. APT 6 HIGHLAND BEACH, FL 33487</b>	Mailing Address <b>525 B BROADWAY MALL HICKSVILLE, NY 11801</b>
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-2842143</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>TRIPLE F PROPERTIES, INC 3401 SO. OCEAN BLVD. APT 6 HIGHLAND BEACH, FL 33487</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when re-registering)

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P FRANK, KENNETH 525 BROADWAY MALL HICKSVILLE, NY 11801
TITLE NAME STREET ADDRESS CITY ST ZIP	ST FRANKLIN, FRANK 3401 SO. OCEAN BLVD. APT 6 HIGHLAND BEACH, FL 33487
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02/25/06-80024-008 150.00

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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: \_\_\_\_\_ DATE: **2/9/06** DAYTIME PHONE: **516-935-8220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR