


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90331 014 \*\*\*150.00

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

Principal Place of Business  
**3401 SO. OCEAN BLVD. APT 6  
HIGHLAND BEACH, FL 33487**

Mailing Address  
**525 B BROADWAY MALL  
HICKSVILLE, NY 11801**



01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # <b>1063 Hillsboro Mile</b>		3. Mailing Address <b>550 W. Old Country Rd.</b>	
Suite, Apt. #, etc. <b>Unit # 805</b>		Suite, Apt. #, etc. <b>Suite 108</b>	
City & State <b>Hillsboro Beach, FL</b>		City & State <b>Hicksville, NY</b>	
Zip <b>33062</b>	Country <b>USA</b>	Zip <b>11801</b>	Country <b>USA</b>

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>		7. Name and Address of New Registered Agent Name <b>Triple F Properties, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1063 Hillsboro Mile</b> <b>Unit # 805</b> City <b>Hillsboro Beach</b> <b>FL</b> Zip Code <b>33062</b>	
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>FRANK, KENNETH</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>550 W. Old Country Rd. Suite 108</b>	
NAME <b>FRANK, KENNETH</b>		NAME <b>Hicksville, NY 11801</b>	
STREET ADDRESS <b>525 BROADWAY MALL</b>		STREET ADDRESS <b>Hicksville, NY 11801</b>	
CITY-ST-ZIP <b>HICKSVILLE, NY 11801</b>		CITY-ST-ZIP <b>Hicksville, NY 11801</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete <b>FRANKLIN, FRANK</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1063 Hillsboro Mile Unit #805</b>	
NAME <b>FRANKLIN, FRANK</b>		NAME <b>Hillsboro Beach, FL 33062</b>	
STREET ADDRESS <b>3401 SO. OCEAN BLVD. APT 6</b>		STREET ADDRESS <b>Hillsboro Beach, FL 33062</b>	
CITY-ST-ZIP <b>HIGHLAND BEACH, FL 33487</b>		CITY-ST-ZIP <b>Hillsboro Beach, FL 33062</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **4/10/07** **516-935-8200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #