


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000101728	
1. Entity Name BRYTAM, INC.	

Principal Place of Business 13615 BRUCE B. DOWNS BLVD. SUITE 112 TAMPA, FL 33613	Mailing Address 13615 BRUCE B. DOWNS BLVD. SUITE 112 TAMPA, FL 33613
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03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3445913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, BERNARD
13615 BRUCE B DOWNS BLVD
SUITE 112
TAMPA, FL 33613**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000086224 03/12/04-80015-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P	GOLDSTEIN, BERNARD
NAME	13615 BRUCE B DOWNS #112
STREET ADDRESS	TAMPA, FL 33613
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Bernard Goldstein* **813-866-1169**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/10/04** Date Daytime Phone #