2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2004 08:00 AM Secretary of State DOCUMENT # P98000030133 BRISK CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 10841 EDINBURGH ST. P.O. BOX 848492 COOPER CITY, FL 33026 US HOLLYWOOD, FL 33084-8492 US 01112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0834061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANTOS, MAURO C DO NOT WRITE 25 SE 2ND AVENUE SUITE 1235 **INGRAHAM BUILDING** IN THIS SPACE MIAMI, FL 33131 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 primed name of registered agent and tire if applicable. (NOTE, Registered Agent aignature required when reinstance) **\$5.00** May Be FILE NÓW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaion Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 3313 NAME BRISK, VERA U00000121229 STREET ADORESS 10841 EDINBURGH STREET 04/20/04-80042-005 150.00 CITY-ST-ZIP COOPER CITY, FL 33026 3314 MARKE STREET ADDRESS CATY - ST - ZIP 1188 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1116 NAME STREET ADDRESS CITY-ST-ZIP DUE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 curporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS Cliy-57-21P ME NAME STREET ADDRESS CHTY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED