

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 145656

1. Entity Name
EAST BAY CORPORATION

Principal Place of Business

**% STEPHEN R. BRENNER
1147 SIENNA HILL DRIVE
HOUSTON, TX 77077-2523 US**

Mailing Address

**% STEPHEN R. BRENNER
1147 SIENNA HILL DRIVE
HOUSTON, TX 77077-2523 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0544481	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

**BRENNER FREDA
1500 SW 131 WAY #114
PEMBROKE PINES, FL 33027**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRENNER, F.S.
STREET ADDRESS	1500 SW 131 WAY #114
CITY-ST-ZIP	PEMBROKE PINES, FL

TITLE	V
NAME	BRENNER, GEORGIA
STREET ADDRESS	1147 SIENNA HILL DR
CITY-ST-ZIP	HOUSTON, TX 77077

TITLE	VT
NAME	FURGANG, HELENE
STREET ADDRESS	12824 SW 108 AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	D
NAME	ROGOFF, FRANCIA
STREET ADDRESS	9835 SW 108 TERR
CITY-ST-ZIP	MAIAM, FL

TITLE	S
NAME	BRENNER, STEPHEN R
STREET ADDRESS	1147 SIENNA HILL DR.
CITY-ST-ZIP	HOUSTON, TX 77077

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80003-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/04

Date

Daytime Phone # _____