## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # 148635** 05-03-2004 90765 030 \*\*\*150.00 THE BREWER COMPANY OF FLORIDA INC Principal Place of Business Mailing Address 10400 NW 121 WAY 10400 NW 121 WAY MIAMI FL 33178 US MIAMI FL 33178 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0558678 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREWER, WALTER R Street Address (P.O. Box Number is Not Acceptable) 8520 SW 57TH PATH MIAMI FL 33143: Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered age; oth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Walter R. Brewer SIGNATURE (NOTE: Registered Agent sign and Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BREWER, WALTER R NAME NAME STREET ADDRESS 8520 SW 57TH PATH STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ☐ Delete **VPS** TITLE TITLE ☐ Change Addition NAME BREWER, KATHERINE NAME STREET ADDRESS 8520 SW 57TH PATH STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 quality 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 expowered.

Walter R. Brewer

SIGNATURE AND TYPED OR RELIPTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED

Daytime Phone #