

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 403671 1. Entity Name BROWN-SUMMIT, INC.	
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Principal Place of Business PO BOX 7388 WEST PALM BEACH, FL 33405	Mailing Address 10729 S.W. 104TH ST. MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1463402	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTON, STEVE
10729 S W 104TH ST
MIAMI, FL 33176**

**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

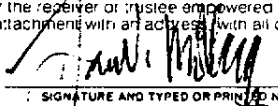
SIGNATURE _____
Signature of individual or printed name of registered agent and title if applicable. Signature of registered agent shall be signed, dated and attested.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000329843 04/25/05-80128-025 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD MILLOWAY, MARILYN M 10729 SW 104TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD MILLOWAY, VOSS C. 10729 S.W. 104 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP MILLOWAY, JAMES V 10729 S W 104TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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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)(4) 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:  **4/21/05 (C61) 5868/82**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR