2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 403671

1. Entity Name
BROWN-SUMMIT, INC.

Principal Place of Business
PO BOX 7388
WEST PALM BEACH, FL 33405

Mailing Address
10729 S.W. 104TH ST.
MIAMI, FL 33176

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

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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 ______________________________ DATE

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

U00000329843
04/25/05--80128--025 158.75

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MILLOWAY, MARILYN M
STREET ADDRESS	10729 SW 104TH STREET
CITY ST ZIP	MIAMI, FL
TITLE	PD
NAME	MILLOWAY, VOSS C.
STREET ADDRESS	10729 S.W. 104 ST.
CITY ST ZIP	MIAMI, FL
TITLE	VP
NAME	MILLOWAY, JAMES V
STREET ADDRESS	10729 S W 104TH STREET
CITY ST ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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] 4/21/05 (561) 5868182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #