2005 FOR PROFIT CORPORATION -

FILED Mar 23, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Mar 23, 2005 08:00			
1. Entity Nan	MENT # 447816 "BROOK LAKES CONSTRUCT	TION CO., INC.			Se	cretary	of State
466 POINCIA	ANA DRIVE	lailing Address 466 POINCIANA DRIVE HALLANDALE, FL 33009					
DO NOT WRITE IN THIS SPA			CE	01282005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Appli			
				59-152 5. Certificate	4558 of Status Desired		Not Applicable 5 Additional lequired
5. Name and Address of Current Registered Agent DRAKAS, ANTHONY 466 POINCIANA DRIVE HALLANDALE, FL 33009			DO NOT WRITE IN THIS SPACE				
the obligate SIGNATURE.	s named entity submits this statement for the particles of registered agent. Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00 By 1, 2005 Fee will be \$550.08		d Agent signature required		h, in the State of Flo	ofida. I am familia	r with, and accept
10.	OFFICERS AND DIRE	CTORS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD DRAKAS, ANTHONY 466 POINCIANA DRIVE HALLANDALE, FL 33009 SDV DRAKAS, FILOMENIA	51010	<u>: = </u>		U0000 03/23/05	 10273264 1-80022-00	150.MO
STREET ADDRESS CITY-ST-ZIP	466 POINCIANA DRIVE HALLANDALE, FL 33009						THE BOTH THE BOTH
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			···-·	IN 7	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

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:

NAME STREET ADDRESS

CHAPTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 95

954 1438109