


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90009 030 \*\*\*150.00

**DOCUMENT # F93000003040**

1. Entity Name  
**G.N. BROOKS PERSONNEL CORP.**



Principal Place of Business      Mailing Address  
**6277 D GRAYCLIFF DR**      **6277 D GRAYCLIFF DR**  
**BOCA RATON, FL 33496 US**      **BOCA RATON, FL 33496 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01052004    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**13-2776166**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**FEIN, LOUIS**  
**6277 D GRAYCLIFF DR**  
**BOCA RATON, FL 33496**

Name  
 Street: Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPS	<input type="checkbox"/> Delete		TITLE	CPS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEIN, LOUIS			NAME	FEIN, LOUIS		
STREET ADDRESS	16825 CHARLEY CT.			STREET ADDRESS	6277 D GRAYCLIFF DRIVE		
CITY-ST-ZIP	DELRAY BCH., FL			CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEIN, CAROL			NAME	FEIN, CAROL		
STREET ADDRESS	16825 CHARTLEY CT.			STREET ADDRESS	6277 D GRAYCLIFF DRIVE		
CITY-ST-ZIP	DELRAY BCH., FL			CITY-ST-ZIP	BOCA RATON, FL 33496		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: LOUIS FEIN - PRESIDENT      4/16/01      (561-443-7121)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #