2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000003040

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

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

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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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: President 1/7/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

000000582729
01/11/07-80043-014 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	FEIN, LOUIS
STREET ADDRESS	6277 D GRAYCLIFF DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VP
NAME	FEIN, CAROL
STREET ADDRESS	6277 D GRAYCLIFF DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: President 1/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #