

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # G37870 1. Entity Name BROWN AND ASSOCIATES, INC. - GENERAL INSURANCE -	
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Principal Place of Business 12415 SW 22 TERR MIAMI, FL 33175	Mailing Address 12415 SW 22 TERR MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2283884	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWN, ESTEBAN 9360 SUNSET DR #287 MIAMI, FL 33173
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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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, WILLIAM 12415 SW 122 TERR. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEPHEN 8751 SW 43RD ST. MIAMI, FL 33165
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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:  **William F. Brown - President 4/16/04 303.220.0203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #