2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 17, 2004 8:00 am Secretary of State 03-17-2004 90043 009 ***150.00

DOCUMENT # H23391 1. Entity Name BROOKS PAINTING, INC.						0.00
Principal Place of Business 4403 GEORGIA AVE W PALM BEACH, FL 33405 US	405 US	1 (684); 4(1)	94031292			
2. Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03102004	Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Numbe 59-244		<u> </u>	plied For t Applicable
Zip Country	Zíp	Country	5. Certificate	of Status Desired_	\$8.75 Add	itional
6. Name and Address of Curr	ent Registered Agent		7. Name and	Address of New F	Registered Agent	
BROOKS, BRADLEY E 4403 GEORGIA AVE W PALM BEACH, FL 33405			Name Street Address (P.O. Box Number is Not Acceptable)			
_					FL Zip Cod	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$55	9. Election Campai		**S.00 May Be Added to Fees	3/1	DATE	
10. OFFICERS AND DIRECTORS		11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE PD NAME BROOKS, BRADLEY E. STREET ADDRESS 139 GREGORY PLACE CITY-ST-ZIP W PALM BEACH, FL	□ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	☐ Addition
THLE VP NAME ELIZALDE, NESTOR W STREET ADDRESS 3803 BEVERLY DR CITY-ST-ZIP LAKE WORTH, FL	Polete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition
TITLE T NAME HENRY, DANNY G STREET ADDRESS 4326 S LANDER DRIVE CITY-ST-ZIP LAKE WORTH, FL	Belete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addilion
TITLE S NAME BELL, SAMUEL L STREET ADDRESS 1516 NW 11TH AVE CITY-ST-ZIP FORT LAUDERDALE, FL 33	Belete 3311	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida 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 entire like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR