


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # J20157 1. Entity Name FRED BROWN, INC.	
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Principal Place of Business 6978 NW 81ST TERR PARKLAND, FL 33067 US	Mailing Address 6978 NW 81ST TERR PARKLAND, FL 33067 US
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2694524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARTOSZEK, ANDREW 6978 NW 81ST TERR PARKLAND, FL 33067
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARTOSZEK, ANDREW 6978 NW 81ST TERR PARKLAND, FL 33067
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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)(f), 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: <u>Andrew Bartoszek</u> ANDREW BARTOSZEK <u>7-25-04</u> <u>9547523336</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #