

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90238 050 \*\*\*150.00

**DOCUMENT # J83850**

1. Entity Name  
**M.A. BRICHE, INC.**



Principal Place of Business  
**2332 NE 20 ST  
FORT LAUDERDALE, FL 33305**

Mailing Address  
**2332 NE 20 ST  
FORT LAUDERDALE, FL 33305**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0003348**

Applied For  
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

**BRICHE, MICHAEL A.  
643 NE 17 AVE  
FT LAUDERDALE, FL 33304**

Name  
**BRICHE, MICHAEL A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2332 NORTHEAST 20th STREET**

City  
**FORT LAUDERDALE**

FL Zip Code  
**33305**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/04**

**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 **D** ☐ Delete  
NAME **BRICHE, MICHAEL A.**  
STREET ADDRESS **643 NE 17 AVE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE **P/S/T/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2332 NORTHEAST 20th STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FLORIDA 33305**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #