FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K50206

1. Entity Name
BROOKS RESTAURANT, INC.

Principal Place of Business	Mailing Address
500 S FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441	500 S FEDERAL HIGHWAY DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

U00000154516
05/04/04-80170-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOWE, LISA
STREET ADDRESS	500 S FEDERAL HIGHWAY
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	DVP
NAME	PERRON, MARC
STREET ADDRESS	500 S FEDERAL HIGHWAY
CITY-ST-ZIP	DEERFIELD BEACH, FL
TITLE	ST
NAME	PERRON, MARC
STREET ADDRESS	500 S FEDERAL HIGHWAY
CITY-ST-ZIP	DEERFIELD BEACH, FL
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 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 #