

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90004 016 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # L18584 1. Entity Name DOMBROSKI BROTHERS, INC. | | | | | |
| Principal Place of Business 9490 CROSS CREEK DRIVE BOYNTON BEACH, FL 33436 US | | | | Mailing Address 9490 CROSS CREEK DRIVE BOYNTON BEACH, FL 33436 US | |
| 2. Principal Place of Business 5000 NO OCEAN BLVD Suite, Apt. #, etc. Q208 City & State BOYNTON BEACH, FL Zip 33435 Country USA | | 3. Mailing Address 5000 NO OCEAN BLVD Suite, Apt. #, etc. Q208 City & State BOYNTON BEACH, FL Zip 33435 Country USA | | | |
| 4. FEI Number 65-0158526 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired: <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DOMBROSKI, CELESTE 9490 CROSS CREEK DRIVE BOYNTON BEACH, FL 33436 | | | 7. Name and Address of New Registered Agent Name BRENDA W. DOMBROSKI Street Address (P.O. Box Number is Not Acceptable) 1447 W. JENNINGS ST. City LANTANA FL Zip Code 33462 | | |
| 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 <u>Brenda W. Dombroski</u> BRENDA W. DOMBROSKI <u>2/6/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DOMBROSKI, HENRY JR 9490 CROSS CREEK DRIVE BOYNTON BEACH, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DOMBROSKI, HENRY F 5000 N OCEAN BLVD, Q208 BRINY BREEZES, FL 33435 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <u>Henry F. Dombroski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>2/6/04</u> <u>561-278-4311</u> <small>Date Daytime Phone #</small> | | |