## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

- AND TYPED OR PRINTED NAM

OF SIGNING OFFICER OR DIFFECTOR

## May 03, 2004 8:00 am Secretary of State DOCUMENT # M82104 1. Entity Name 05-03-2004 90458 038 \*\*\*158.75 BRYAN ASHLEY INTERNATIONAL, INC. Principal Place of Business Mailing Address 2601 GATEWAY DRIVE 2601 GATEWAY DRIVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 1704 Park Central Blud N. 2. Principal Place of Business 704 Park Central Blud N. Suite, Apt. #, etc. suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For ity & State 4. FEI Number Pomfano Beach FL 65-0575198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 064 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name sackson ISACKSON, JERRY Box Number is Not Acceptable) Street Address (P.Q. 2601 GATEWAY DRIVE POMPANO BEACH FL 33069 Pano Black 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Delete ☐ Addition NAME ISACKSON, JERRY NAME 1704 Park Central Blud N. STREET ADDRESS 2601 GATEWAY DRIVE STREET ADDRESS Pompano Beach FL 33064 POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ISACKSON, BRYAN NAME NAME 1704 Park Central Blod N. STREET ADDRESS 2601 GATEWAY DRIVE STREET ADDRESS Pompano Beach PL 33044 CITY-ST-7IP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete (Change ☐ Addition TITLE TITLE NAME NAME SHEFFEL, MIKKI 1704 Park Central Blud N. STREET ADDRESS STREET ADDRESS 2601-GATEWAY DRIVE CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Addition ISACKSON, SHERRY NAME 1704 Park Central Blud N. Pompano Beach PC 33008 STREET ADDRESS 2601 GATEWAY DRIVE STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 7ITI £ ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**