


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005225 1. Entity Name C & D BROOKS UNLIMITED, INC.	
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Principal Place of Business 5421 SW 22ND STREET HOLLYWOOD, FL 33023 US	Mailing Address PO BOX 472673 MIAMI, FL 33247 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

FILED

05 SEP 20 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08182005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0864941	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 BROOKS, DENISE 5421 SW 22ND STREET HOLLYWOOD, FL 33023	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 *Denise Brooks* _____ DATE _____

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

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 617, 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: *Denise Brooks* _____ Date 8-22-03 _____

Signature and typed or printed name of signing officer or director Daytime Phone #