2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000025124 1. Entity Name

BRAD'S INVESTIGATIVE SERVICES, INC.



FILED May 05, 2004 08:00 AM Secretary of State

Principal Place of Business

14291 SW 109TH AVE. MIAMI, FL 33176

Mailing Address

14291 SW 109TH AVE. MIAMI, FL 33176



05032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1020969

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRADDY, IRWIN L 14291 SW 109TH AVE. MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent	purpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed hamp of registered agent and title	le if applicable (NOTE Registored	Agent's gnature	required when roinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
THEE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADDY, IRWIN L 14291 SW 109TH AVENUE MIAMI, FL 33176		U000001563 4 2			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P BRADDY, ELISE L 14291 SW 109TH AVENUE MIAMI, FL 33176			05/05/04-80074-015 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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12. Thereby 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:

NAME STREET ADDRESS

Daytime Phone #