2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000064736

Entity Name

Principal Place of Business

2719 BRUCE TERRACE HOLLYWOOD, FL 33020

BRASSIERE PRODUCTION SERVICES, INC.



Mailing Address

DO NOT WRITE IN THIS SPACE

2719 BRUCE TERRACE HOLLYWOOD, FL 33020

FILED Mar 26, 2004 8:00 am Secretary of State

03-26-2004 90026 030 ***150.00



03052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1021536

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name	and	Address	of	Current	Registered	l Agent

AUGUST, BETTINA R 2719 BRUCE TERRACE HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

HOLLYWO	OOD, FL 33020		IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	purpose of changing its registered office	e or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Agent si	gnature required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees				
10. TITLE	OFFICERS AND DIREC					
NAME STREET ADDRESS CITY-ST-ZIP	AUGUST, BETT/INA R 2719 BRUCE TERRACE HOLLYWOOD, FL 33020	TINA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_		
12. I hereby	certify that the information supplied with this fi	iling does not qualify for the exemption	stated in Section 119.07(3)	(i), Florida Statutes. I further certify that the information		

The early that the information supplied with this time does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that it enformation indicated on this report or supplemental report is time 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 trusted 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 attackment with an article with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTE

TED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

954 816 3030

Daytime Phone #