2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000067097

1. Entity Name
STUART BROWN INTERIORS, INC.

Principal Place of Business *4320 Union Sq. Blvd. #142*
~~3647 CORAL TREE CIR.~~
COCONUT CREEK, FL 33073
Palm Beach Gardens 33410

Mailing Address *4320 Union Sq. Blvd #142*
~~3647 CORAL TREE CIR.~~
COCONUT CREEK, FL 33073
Palm Beach Gardens 33410

09152004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-1031603		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, STUART
~~3647 CORAL TREE CIR.~~ *3647 Coral Tree Cir.*
COCONUT CREEK, FL 33073

**DO NOT WRITE
IN THIS SPACE**

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.   (NOTE: Registered Agent signature required when reinstating)

00000421 82140

10/25/04--01077--001   **550.00

FILE NOW!!! FEE IS $550.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	BROWN, STUART
STREET ADDRESS	~~3647 CORAL TREE CIR.~~ *3647 Coral Tree Cir.*
CITY-ST-ZIP	COCONUT CREEK, FL 33073

TITLE	*Stuart Brown Interiors Inc.*
NAME	
STREET ADDRESS	*4320 Union Square Blvd #142*
CITY-ST-ZIP	*Palm Beach Gardens Fl 33410*

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _Stuart B_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #