2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 03, 2008 8:00 am Secretary of State

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DOCUI 1. Entity Nam BROOKT			4		008 90015 012				
Principal Place	e of Business	Mailing Address				,			
	RAL HWY # E Beach, Fl 33441	2274 N. CONFERENCE I BOCA RATON, FL 3348				II ssiit spiii gam s	eiri sirii raiu iazbe šlit	8 HSIB (18151	2 1 (1 1 2 1 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06022008	Chg-P	CR2E034 (1	2/06)	
City & State		City & State			4. FEI Number Applied For 65-1064022 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of	Status Desired		75 Additi Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered Agent	1	
			Name						,
ARROYO, GEORGE II 2274 N. CONFERENCE DR. BOCA RATON, FL 33486			Street A	Street Address (P.O. Box Number is Not Acceptable)					
,	is in the second of the second		City				FL 2	ip Code	
8. The above	named entity submits this statement	or the purpose of changing its	registered office or	registere	ed agent, or both.	in the State of F	lorida. I am famili	ar with, ar	nd accept
	ions of registered agent		•	-			_		,
]	<i>WY</i> / ////K	George Arm	KOU DID			6.	-15-08		
SIGNATURE_	Signature, typed or printed name of registered ager		Registered Agent signalu	re recored v	when reinstating)		DATE		— I
	20 %				····				
FII	LE NOW!!! FEE IS \$550.00	9. Election Campaig	gn Financing	\$5.0	00 May Be				
	ue by September 12, 2008								
	de by Captomber 12, 2000	Trust Fund Contr	ibution.	Adde	d to Fees				:
10.	OFFICERS ANI			Adde	ed to Fees	ANGES TO OF	FICERS AND DIRE	CTORS I	N 11
10.		D DIRECTORS	11.	Adde	ed to Fees	ANGES TO OF	FICERS AND DIRE		
10. TITLE NAME	OFFICERS ANI		11.	Adde	ed to Fees	HANGES TO OF			N 11
TITLE	OFFICERS ANI	D DIRECTORS	11.	Adde	ed to Fees	HANGES TO OF			
TITLE	OFFICERS AND PD ARROYO, GEORGE	D DIRECTORS	11. TITLE NAME	Adde	ed to Fees	HANGES TO OF			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 postee 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-08

561-379-989