


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90527 014 \*\*\*150.00

<b>DOCUMENT # P01000035032</b> 1. Entity Name <b>BRODY GROUP, INC.</b>			
Principal Place of Business 12945 STONEBROOK DR. DAVIE, FL 33330		Mailing Address PO BOX 848635 HOLLYWOOD, FL 33084	
2. Principal Place of Business Suite, Apt. #, etc. <b>10341 QUITO STREET</b>		3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 740261</b>	
City & State <b>Hollywood FL.</b>		City & State <b>Bounton Beach FL.</b>	
Zip <b>33026</b>	Country	Zip <b>33474-0261</b>	Country
4. FEI Number <b>65-1092734</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRODY ELEWZWIG, TERRI</b> <b>10341 QUITO STREET</b> <b>HOLLYWOOD, FL 33026</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <u><i>Terri Brody Elenzweig</i></u> DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable. (N/A E. Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ELENZWEIG, TERRI BRODY 10341 QUITO STREET HOLLYWOOD, FL 33026	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Terri Brody Elenzweig</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>Terri Brody Elenzweig</i></u> Date <u><i>4/27/05</i></u> Daytime Phone # <u><i>954-224-3366</i></u>	

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04142005 Chg-P CR2E034 (10/03)