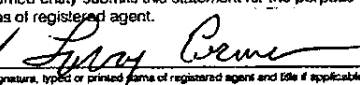
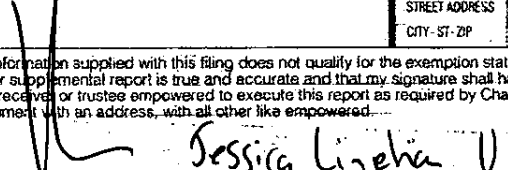


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90011 020 ***158.75

DOCUMENT # P01000116237			
1. Entity Name BROOKFIELD MANAGEMENT, INC.			
Principal Place of Business 4451 N DIXIE HWY BOCA RATON, FL 33432		Mailing Address PO BOX 812169 BOCA RATON, FL 33481	
2. Principal Place of Business 203 Dixie Blvd.		3. Mailing Address P.O. Box 812169	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33444	Country USA	Zip 33481-2169	Country USA
4. FEI Number 22-3844928		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINEHAN, JESSICA 7664 NW 70TH WAY PARKLAND, FL 33067		7. Name and Address of New Registered Agent Name HRAWG CORP. Street Address (P.O. Box Number is Not Acceptable) 1801 N. Military Trail, Suite 200 City Boca Raton FL Zip Code 33431	
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) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEHAN, REBECCA 7705 STANWAY PLACE EAST BOCA RATON, FL 33434 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST LINEHAN, JESSICA 7664 NW 70TH WAY PARKLAND, FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSTD Jessica Linehan 394 S.E. 5th Avenue Delray Beach, FL 33483 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/31/04 Daytime Phone # 561 998-9400	

54032331



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