

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007259

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: FLORIDA BUSINESS & REALTY GROUP, INC.

**Current Principal Place of Business:**

950 S. PINE ISLAND RD.  
SUITE 150-1090  
PLANTATION, FL 33324

**New Principal Place of Business:**

12515 ORANGE DRIVE  
SUITE 806  
DAVIE, FL 33330

**Current Mailing Address:**

950 S PINE ISLAND RD  
SUITE 150-1090  
PLANTATION, FL 33324

**New Mailing Address:**

12515 ORANGE DRIVE  
SUITE 806  
DAVIE, FL 33330

FEI Number: 03-0382850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRAVO, JUANA  
8581 NW 14 ST  
PEMBROKE PINES, FL 33024

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BRAVO, JUANA PRES.  
Address: 8581 NW 14 ST  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA BRAVO

PRES

04/26/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date