2004 FOR PROFIT CORPORATION

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jul 12, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000113215** 1. Entity Name 07-12-2004 90021 011 ***150.00 BROWARD PROPERTY SERVICES, INC. Principal Place of Business Mailing Address 1919 NE 45TH ST., SUITE 117 1919 NE 45TH ST., SUITE 117 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 No Chg-P CR2E034 (10/03) 07072004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 90-0053559 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent a maintain might a JOYCE, GLORIA DO NOT WRITE 1919 NE 45TH ST., SUITE 117 FT. LAUDERDALE, FL 33308 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D MILE 1. JOYCE, GLORIA NAME. STREET ADDRESS 1919 NE 45TH ST., SUITE 117 ET. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE NAME BROWN, SUSAN 1919 NE 45TH ST., SUITE 117 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE; FL 33308 TITLE NAME 1 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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:

	ANNUAL	BEPORT (AF	<u>() </u>		
DOCU	MENT # P0200011	3215		Affachment	
1. Entity Nam				11/100/11	
BROWAR	D PROPERTY SERVICES	S, INC.			
Principal Plac	ce of Business	Mailing Address			
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FT. LAUDERDALE FL 33308		FT. LAUDERDALE FL 33308		24061440	
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2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & Stat	e	City & State		4. FEI Number 90-0053559 Applied Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	al
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent	
	(OF OLOS)		Name	<i>c</i>	
	'CE, GLORIA 9 NE 45TH ST., SUITE 1	17	Street Ad	doress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33308					
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	named entity submits this statem ions of registered agent.	ent for the purpose of changing it	s registered office or i	registered agent, or both, in the State of Florida. I am familiar with, and a	accepi
SIGNATURE .	4 Signature, typed or printed name of registered	agent and title if applicable. (NO	TE, Registered Agent signature	ure required which reinstating) DATE	_
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3 3 3	k Payable to Florida Departme	graphy and the second of			
10.	D OFFICERS	AND DIRECTORS Delete	11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	Addition
NAME	JOYCE, GLORIA		NAME	. ·	
STREET ADDRESS CITY-ST-ZIP	1919 NE 45TH ST., SUITE 11 FT. LAUDERDALE FL 33308	7	STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS	i,	,	STREET ADDRESS	`	
CITY-ST-ZIP		4 20 60	CITY-ST-ZIP		
12. I hereby of indicated	certify that the information supplied on this report or supplemental rep	o with this filing does not qualify for port is true and accurate and that	or the exemption state my signature shall ha	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the informative the same legal effect as if made under calls, that I am an officer or directors. Florida Statutes and that are proposed in Block 10 or Block.	alion
ot the cor changed,	poration or the receiver or trustee, or on an attachment with an addi	empowered to execute this reportess, with all other like empowered	r as required by Chap I.	pter 607. Florida Statutes; and that my name appears in Block 10 or Block	KIII
CICNIAT	TIPE. Il on	- Jox		2/-/ 07 75 4 4 9/. 7 Date Daysime Prone #	189
SIGNAT	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR	Date Dayline Phone #	
		'			

Affachment

54061440 Division of Corporations.
P.O. Boy 6327
Tallahossee, Dl. 323.14 Re: Brown Propert Diruis Inc. 90-0053559 - Doa # Po2000113215 Dear Madam or Dir While recenciling au cleckbook it was dls levered That our Check # 1113 That was bould on april 9, 2004 for \$150 for the payment of our annual report is still out standing We talked to your customer Service person (Ruby) and said morning Come back to be US. She said it must have gotten lost because ju have not recilie Hos Ruby said to send in another payment of \$150. She also said to sind in a letter explaining everything so that the finally Charge would be