


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90080 045 \*\*\*150.00

<b>DOCUMENT # P02000121351</b>			
1. Entity Name <b>BRAY-LEMAIRE INC.</b>			
Principal Place of Business 1124 SEMINOLE DRIVE STE 1B FORT LAUDERDALE FL 33304		Mailing Address 1505 NE 5TH STREET FORT LAUDERDALE FL 33301	
2. Principal Place of Business <b>15 N.E. 4TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>BRAY-LEMAIRE INC</b> <b>15 NE 4TH STREET</b> Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b> Zip <b>33301</b> Country <b>US</b>		City <b>FORT LAUDERDALE, FL 33301</b>	
4. FEI Number <b>14-1853259</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>LEMAIRE, GEORGE</b> <b>1505 NE 5TH STREET</b> <b>FORT LAUDERDALE FL 33301</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEMAIRE, GEORGE</b> <b>1505 NE 5TH STREET</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRAY, DOUGLAS</b> <b>1124 SEMINOLE DRIVE # 1B</b> <b>FORT LAUDERDALE FL 33304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/05**  
Date

Daytime Phone #

**50018508**



1st MOORE CR2E034 (10/04)