## FOR PROFIT CORPORATION LINIFORM BUSINESS REPORT (LIBR)

## FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000004195  1. Entity Name						03-19-2004 90064 018 ***150.00		
MARY B. BRYMER, INC								
DO N	OT WRITE	IN THIS S	SPA	CE				
2. Principal Place of Business 6538 COLLINS AVENUE		3. Mailing Address					•	
Suite, Apt. #, etc. 261		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Nu		Applied For	
MIAMI BEACH, FL Zip	Country	Zip	C	ountry	55-0814204 <b>5.</b> Certifica	te of Status Desired	Not Applicable   \$8.75 Additional	
33141	<u>l</u>			7 Nam			Fee Required	
[ ]	7. Name and Address of Current Registered Agent Name MARY B. BRYMER Street Address (P.O. Box Number is Not Acceptable) 6538 COLLINS AVENUE # 261  City MIAMI REACH Zip Code							
8. The above named State of Florida. I	entity submits this st am familiar with, and	tatement for the purpo accept the obligations	se of cl s of regi	MIAMI BEACH hanging its regis istered agent.			-   33141	
SIGNATURE Signature	ire, typed or printed name o	f registered agent and title if	applicabl	e (NOTE: Regist	tered Agent sig	nature required when reinsta	ating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			дриосо	. (1.0 i 2.1 i 3gis	9. Election	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	
10	OFFICERS A	ND DIRECTORS	11.		l			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARY B, BRYMER 6538 COLLINS AVE MIAMI BEACH, FL 3		N/ S	TLE AME FREET ADDRESS TY-ST-ZIP	s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TI N/ S	TLE AME TREET ADDRESS ITY-ST-ZIP	s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TI N/ S	TLE AME TREET ADDRESS ITY-ST-ZIP	s	DO NOT \	NRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N/ S	TLE AME TREET ADDRESS ITY-ST-ZIP	s	IN THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N/ S	TLE AME TREET ADDRESS ITY-ST-ZIP	s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TI N/ S <sup>-</sup> CI	TLE AME TREET ADDRESS ITY-ST-ZIP				
certify that the informas if made under oa	nation indicated on this th; that I am an officer o	with this filing does not report or supplemental re r director of the corporat name appears in Block 1	eport is to	true and accurate e receiver or trust	and that my are empowered	signature shall have the ed to execute this report	same legal effect as required by	
SIGNATURE: SIGN.	ATUNE AND TYPED O	BRYMER R PRINTED NAME OF S	SIGNING	OFFICER OR D	IRECTOR	1/15/2004 Date	786-368-7114 Daytime Phone #	