

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90016 016 \*\*\*158.75

**DOCUMENT # P03000035375**

1. Entity Name  
**BROKER MANAGEMENT CORPORATION**



Principal Place of Business  
**2281 LEE ROAD  
SUITE 205  
WINTER PARK, FL 32789**

Mailing Address  
**2281 LEE ROAD  
SUITE 205  
WINTER PARK, FL 32789**

**54016635**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number

**86-1053094**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCOOY, DAMIAN  
2281 LEE ROAD  
SUITE 205  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

TITLE **D** ☒ Delete  
NAME **SOOY, DAMIAN M**  
STREET ADDRESS **2853 STRAND CIRCLE**  
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **D** ☐ Delete  
NAME **BEMBERG, FREDERICK**  
STREET ADDRESS **633 MAGNOLIA DRIVE**  
CITY-ST-ZIP **MAITLAND, FL 32757**

TITLE **D** ☒ Delete  
NAME **STEWART, JONATHAN JR.**  
STREET ADDRESS **1313 CARPENTER BRANCH COURT**  
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Frederick P. Bemberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/8/04**

Daytime Phone #

**407-644-2905**

Attachments P03600035375

5240/K6635

### TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Broker Managment Corporation

(Name of Corporation)

**DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frederick P. Bemberg

(Name of Person)

Broker Managment Corporation

(Name of Firm/Company)

2281 Lee Rd. #205

(Address)

Winter Park Fl. 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

Frederick P. Bemberg

(Name of Person)

at ( 407 ) 644-2905

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Attachments PO3000035375

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

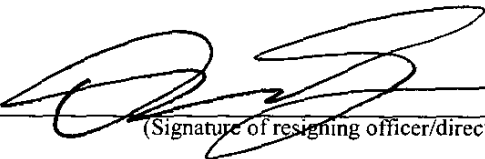
54016635

I, Damian Sooy, hereby resign as Director  
(Title)

of Broker Managment Corporation  
(Name of Corporation)

~~\_\_\_\_\_~~, a corporation organized under the laws of the State of ~~\_\_\_\_\_~~  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attachment PO3000035375

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

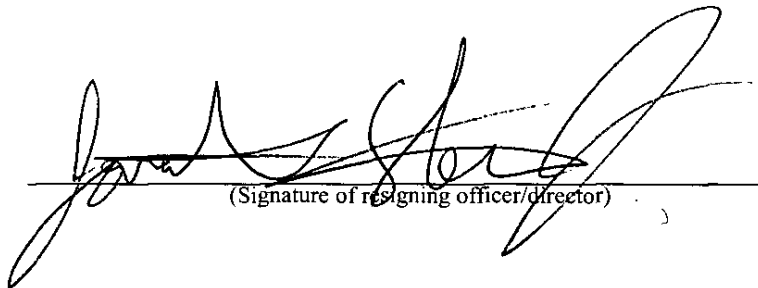
540/6635

I, Johnathan Stewart Jr., hereby resign as Officer  
(Title)

of Broker Managment Corporation,  
(Name of Corporation)

(Document Number, if known), a corporation organized under the laws of the State of

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314