

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059402

FILED
Apr 28, 2004
Secretary of State

Entity Name: BRANDES FLORIDA PROPERTIES, INC.

Current Principal Place of Business:

26396 NADIR RD., #505
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

26396 NADIR RD., #505
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 55-0833743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, BRANDON
26396 NADIR RD., #505
PUNTA GORDA, FL 33983

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: D () Delete
Name: FLYNN, BRANDON
Address: 26396 NADIR RD., #505
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: FLYNN, SARAH
Address: 26396 NADIR RD., #505
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: FERGUSON, DESMOND A
Address: 2906 BEACH CHANNEL DR.
City-St-Zip: FAR ROCKAWAY, NY 11691

Title: D () Delete
Name: FERGUSON, KATHLEEN
Address: 2906 BEACH CHANNEL DR.
City-St-Zip: FAR ROCKAWAY, NY 11691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SARAH FLYNN

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date