
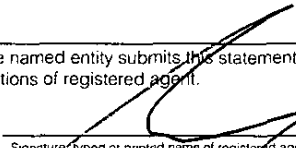
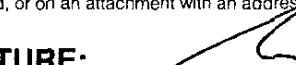


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90231 020 \*\*\*150.00

<b>DOCUMENT # P03000070487</b>			
1. Entity Name <b>FINKEL AND BROWN, INC.</b>			
Principal Place of Business <b>2220 MEARS PARKWAY MARGATE FL 33063-3758</b>		Mailing Address <b>2220 MEARS PARKWAY MARGATE FL 33063-3758</b>	
2. Principal Place of Business <b>952 NW 66th AVE</b>		3. Mailing Address <b>952 NW 66th AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Margate FL</b>		City & State <b>Margate FL</b>	
Zip <b>33063</b>	Country <b>Broward</b>	Zip <b>33063</b>	Country <b>Broward</b>
6. Name and Address of Current Registered Agent <b>FINKEL, JACOB E 2220 MEARS PARKWAY MARGATE FL 33063-3758</b>		7. Name and Address of New Registered Agent Name <b>Jacob Finkel</b> Street Address (P.O. Box Number is Not Acceptable) <b>952 NW 66th AVE</b> City <b>Margate</b> FL Zip Code <b>33063</b>	
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. <b>Jacob E Finkel</b>		DATE <b>4/12/04</b> (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINKEL, JACOB E 2220 MEARS PARKWAY MARGATE FL 33063-3758 <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	VP BROWN, GARY R 10170 NW 43RD STREET CORAL SPRINGS FL 33065-2361 <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
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
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
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		Date <b>4/12/04</b> Daytime Phone # <b>954-709-5210</b>	

**94071675**



MOORE CR2E034 (11/03)