2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 25, 2004 8:00 am DOCUMENT # P03000081653 **Secretary of State** 1. Entity Name 02-25-2004 90032 022 ***150.00 GRAYSTONE BROWNE MANAGEMENT, INC. Principal Place of Business Mailing Address 12864 BISCAYNE BLVD 12864 BISCAYNE BLVD NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 2. Principal Place of Business 18305 BISWING 3. Mailing Address 18305 Suite, Apt. #, etc Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For MOIL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hrslnault ANDRE, STEPSKY Street Address (P.O. Box Number is Not Acceptable) 600 PARKVIEW DRIVE 18305-BISCOUNL BIVE, SUITE 303 HALLANDALE FL 33009 8. The above named entity of 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 regist SIGNATURE of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition ☐ Change nouth Ansurault 18305 Biscavine Blud., Suite 303 NAME ANDRE, STEPSKY NAME STREET ADDRESS 600 PARKVIEW DRIVE #922 STREET ADDRESS CITY-ST-7IF HALLANDALE FL 33009 CITY-ST-ZIP *3*3160 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information superied 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 of 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED