

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90456 027 ***150.00

DOCUMENT # P03000107595

1. Entity Name
SENSIBLE SOLUTIONS INC.



Principal Place of Business
**1413 SOUTH PATRICK DRIVE
SUITE 4
INDIAN HARBOUR BEACH, FL 32939**

Mailing Address
**1413 SOUTH PATRICK DRIVE
SUITE 4
INDIAN HARBOUR BEACH, FL 32939**

66421462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04082004 Chg-P CR2E034 (10/03)

4. FEI Number

59-1203882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip
32937

Country

Zip
32937

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWCHWEIG, ROSLYN
1413 SOUTH PATRICK DRIVE
SUITE 4
INDIAN HARBOUR BEACH, FL 32939**

32937

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BROWCHWEIG, ROSLYN
1413 SOUTH PATRICK DRIVE, SUITE 4
INDIAN HARBOUR BEACH, FL 32939**

☐ Delete

TITLE
NAME
STREET ADDRESS
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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:

Roslyn Browchweig Roslyn Browchweig

4-22-04

321-773-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #