

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90242 001 ***150.00
04-26-2006 90242 002 *****8.75

66011874



04172006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000105079

1. Entity Name
BROOKS AND BROOKS PAINTING INC.



Principal Place of Business
**197-30 NW 40TH AVENUE
MIAMI, FL 33055**

Mailing Address
**197-30 NW 40TH AVENUE
MIAMI, FL 33055**

2. Principal Place of Business
197-30 NW 40 AVE
Suite, Apt. #, etc. **HOME**

3. Mailing Address
197-30 NW 40 AVE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FLORIDA

Zip
33055 Country **FL**

Zip
33055 Country **MIAMI**

6. Name and Address of Current Registered Agent
**BROOKS, TREVOR
197-30 NW 40TH AVENUE
MIAMI, FL 33055**

7. Name and Address of New Registered Agent
Name **TREVOR BROOKS**
Street Address (P.O. Box Number is Not Acceptable)
197-30 NW 40 AVE
City **MIAMI** FL Zip Code **33055**

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 **TREVOR BROOKS** DATE **4 06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 BROOKS, TREVOR 197-30 NW 40TH AVENUE MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOKS, DIANA 197-30 NW 40TH AVENUE MIAMI, FL 33055 <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	T BROOKS 197-30 NW 40 AVE MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **TREVOR BROOKS** Date **4 06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR