

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90245 035 ***150.00

DOCUMENT # P04000115527 1. Entity Name BROOKSTONE MANAGEMENT, INC.			
Principal Place of Business 3400 S.W. THIRD AVENUE MIAMI, FL 33145		Mailing Address 1021 ALMERIA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business 811 Malaga Ave		3. Mailing Address 811 Malaga Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Coral Gables, Florida		City & State Coral Gables, Florida	
Zip 33134		Zip 33134	
Country 		Country 	
4. FEI Number 04-3796360		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAGER, PATRICIA 1021 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Wagner, Robert Street Address (P.O. Box Number is Not Acceptable) 811 Malaga Ave City Coral Gables FL Zip Code 33134	
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 (Robert WAGNER) 3/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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/D WAGNER, ROBERT <input type="checkbox"/> Delete 811 MALAGA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC IVENS, ROGER <input type="checkbox"/> Delete 1021 ALMERIA AVENUE CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Ivens, Roger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3046 Bird Avenue Coconut Grove, FL 33133
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: (Robert WAGNER)		Date 3/15/05 Daytime Phone # (305) 461-5079	