


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90155 024 \*\*\*150.00

<b>DOCUMENT # P04000138478</b>					
<b>1. Entity Name</b> BROOKLYN BROTHERS DISTRIBUTORS, INC.					
<b>Principal Place of Business</b> 4604 BUSTI DRIVE SARASOTA, FL 34232 US			<b>Mailing Address</b> 4604 BUSTI DRIVE SARASOTA, FL 34232 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1709413	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BAKER, MICHAEL L 5702 CLARK ROAD SARASOTA, FL 34233			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. I, the undersigned, 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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
PD DRAMIS, LOUIS 4604 BUSTI DRIVE SARASOTA, FL 34232			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
VSD DRAMIS, LOURAIN 4604 BUSTI DRIVE SARASOTA, FL 34232			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TD GRABOWSKI, LAURA 4604 BUSTI DRIVE SARASOTA, FL 34232			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty row)			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty row)			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
(Empty row)			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Louis Dramis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			LOUIS DRAMIS, PRES. / /05 941-586-5162 Date Daytime Phone #		