
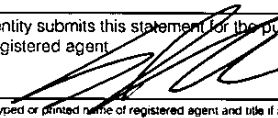
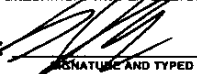


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90024 017 ***150.00

DOCUMENT # P04000151752			
1. Entity Name BROUGH, CHADROW & LEVINE, P.A.			
Principal Place of Business 2700 SOUTH COMMERCE PARKWAY SUITE 305-B FORT LAUDERDALE, FL 33331 WESTON		Mailing Address 2700 SOUTH COMMERCE PARKWAY SUITE 305-B FORT LAUDERDALE, FL 33331 WESTON	
2. Principal Place of Business 2700 SOUTH COMMERCE PARKWAY Suite, Apt. #, etc. SUITE 305-B City & State WESTON, FL Zip 33331 Country United States		3. Mailing Address 2700 SOUTH COMMERCE PARKWAY Suite, Apt. #, etc. SUITE 305-B City & State WESTON, FL Zip 33331 Country United States	
6. Name and Address of Current Registered Agent LEVINE, SCOTT J ESQ. 2700 SOUTH COMMERCE PARKWAY SUITE 305-B FORT LAUDERDALE, FL 33331 WESTON		7. Name and Address of New Registered Agent Name LEVINE, SCOTT J. ESQ Street Address (P.O. Box Number is Not Acceptable) 2700 SOUTH COMMERCE PARKWAY SUITE 305-B City WESTON FL Zip Code 33331	
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:  As President Brough, Chadrow & Levine, P.A. 1/4/05 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, 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 P <input type="checkbox"/> Delete	NAME LEVINE, SCOTT J	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LEVINE, SCOTT J.
STREET ADDRESS 2700 SOUTH COMMERCE PARKWAY, SUITE 305-B	CITY-ST-ZIP FORT LAUDERDALE, FL 33331	STREET ADDRESS 2700 SOUTH COMMERCE PARKWAY, SUITE 305-B	CITY-ST-ZIP WESTON, FL 33331
TITLE VP <input type="checkbox"/> Delete	NAME CHADROW, MICHAEL S	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME CHADROW, MICHAEL S.
STREET ADDRESS 2700 SOUTH COMMERCE PARKWAY, SUITE 305-B	CITY-ST-ZIP FORT LAUDERDALE, FL 33331	STREET ADDRESS 2700 SOUTH COMMERCE PARKWAY, SUITE 305-B	CITY-ST-ZIP WESTON, FL 33331
TITLE S,T <input type="checkbox"/> Delete	NAME BROUGH, DAVID L	TITLE S,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BROUGH, DAVID L.
STREET ADDRESS 2700 SOUTH COMMERCE PARKWAY, SUITE 305-B	CITY-ST-ZIP FORT LAUDERDALE, FL 33331	STREET ADDRESS 2700 SOUTH COMMERCE PARKWAY, SUITE 305-B	CITY-ST-ZIP WESTON, FL 33331
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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:  Scott J. Levine, as President, Brough, Chadrow & Levine P.A.		Date 1/4/05 Daytime Phone # 954-384-0732	

40000134



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1846245
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required