


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90124 009 ***150.00

DOCUMENT # P05000048994	
1. Entity Name BRIXEN GROSCH ASSOCIATES, INC.	

Principal Place of Business 1937 E ATLANTIC BLVD SUITE 2 POMPANO BEACH, FL 33060	Mailing Address 1937 E ATLANTIC BLVD SUITE 2 POMPANO BEACH, FL 33060
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2. Principal Place of Business 2101 N ANDREWS AVE	3. Mailing Address 2101 N ANDREWS AVE
Suite, Apt. #, etc. 107	Suite, Apt. #, etc. 107
City & State WILTON MANORS	City & State WILTON MANORS
Zip 33311	Country USA

40000001



01182006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1720978	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GROSCH, RICK 2124 NE 44TH STREET FT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GROSCH, RICK 2124 NE 44TH STREET FT LAUDERDALE, FL 33308 <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: *Rick Groesch* **Rick Groesch** 01/18/2006 954-683-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #