FILED
Apr 26, 2006 8:00 am
Secretary of State
03-27-2006 90246 026 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000140026

1. Entity Name
JOHNNY BROOKLYNS, INC.

66012012

Principal Place of Business
1237 SUNNINGDALE LANE
ORMOND BEACH, FL 32174

Mailing Address
1237 SUNNINGDALE LANE
ORMOND BEACH, FL 32174

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: 257 Leisure Cir
Suite, Apt. #, etc.
City & State: Port Orange FL
Zip: 32127 Country

03152006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-3624642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MAGEE, CASEY
1237 SUNNINGDALE LANE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent
Name: IBRAHIM MAHMOUD
Street Address (P.O. Box Number is Not Acceptable): 257 Leisure Cir
City: Port Orange FL Zip Code: 32127

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: [signature] 3/15/2006
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, 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	D MAGEE, CASEY 1237 SUNNINGDALE LANE ORMOND BEACH, FL 32174 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres IBRAHIM MAHMOUD 257 Leisure Cir, Port Orange FL 32127 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3/15/2006
Signature, typed or printed name of officer or director and title — Date — Daytime Phone #