

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90405 014 ***150.00

DOCUMENT # P05000161262

1. Entity Name
BRETT ROGERS COLLECTION, INC.



Principal Place of Business

11331 SW 25TH COURT
DAVIE, FL 33325

Mailing Address

11331 SW 25TH COURT
DAVIE, FL 33325

50012463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS JR., ROBERT C
11331 SW 25TH COURT
DAVIE, FL 33325

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity has this statement for the purpose of changing its registered office or registered agent, or both, in and state of Florida. I, the undersigned, do hereby accept the obligations of registered agent.

SIGNATURE

Signature of the person or entity named as registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

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

TITLE **P** ☐ Delete
NAME **ROGERS, BRETT**
STREET ADDRESS **11331 SW 25TH COURT**
CITY-STATE-ZIP **DAVIE, FL 33325**

TITLE **VT** ☐ Delete
NAME **ROGERS, MARGUERITE**
STREET ADDRESS **11331 SW 25TH COURT**
CITY-STATE-ZIP **DAVIE, FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 information.

SIGNATURE: **Marguerite Rogers**

4/10/06

954-474-2712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #