


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P33294</b> 1. Entity Name <b>BROOKE GROUP HOLDING INC.</b>	
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Principal Place of Business <b>100 SE SECOND ST - 32ND FL MIAMI, FL 33131 US</b>	Mailing Address <b>100 SE SECOND ST - 32ND FL MIAMI, FL 33131 US</b>
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06292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0255124</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD LEBOW, BENNETT S 100 SE SECOND ST - 32ND FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BELL, MARC N 100 SE SECOND ST., 32ND FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT VAN SICLEN, JOSELYNN D 100 SE SECOND ST - 32ND FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD LAMPEN, RICHARD J 100 SE SECOND ST - 32ND FL MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/06/05-80005-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Jose Lynn D. Van Siclen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/5/05</u> <small>Date</small>	<u>205.57</u> <small>Daytime Phone #</small>
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