

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90015 001 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P92000010355**

1. Entity Name  
**BRT INVESTMENTS, INC.**



Principal Place of Business  
**2930 BISCAYNE BLVD  
MIAMI, FL 33137 US**

Mailing Address  
**2930 BISCAYNE BLVD  
MIAMI, FL 33137 US**

**54010597**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0373330**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHRISTENBURY, SHARON ESQ  
2930 BISCAYNE BLVD  
MIAMI, FL 33132**

**DO NOT WRITE  
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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	GALBUT, RUSSELL W
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	CD
NAME	KAHN, SONNY
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	S
NAME	DACHOH, SHLOMO
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VP
NAME	CHRISTENBURY, SHARON
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	ZDON, JOSEPH
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	SVPD
NAME	MENIN, BRUCE A
STREET ADDRESS	2930 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33137

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IN THIS SPACE**

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 empowers.

**SIGNATURE:**

*Sharon Christenbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

Sharon Christenbury, Vice President  
Authorized Person

*2/23/04*  
Date

Daytime Phone #