


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90661 007 \*\*\*150.00

<b>DOCUMENT # P93000034631</b> 1. Entity Name <b>SANDRA M BROOKS, P A</b>																																			
Principal Place of Business <b>1700 NW N RIVER DR 406 MIAMI FL 33125 US</b>		Mailing Address <b>1700 NW N RIVER DR 406 MIAMI FL 33125 US</b>																																	
2. Principal Place of Business <b>10 S.W. S RIVER DR. Suite, Apt. #, etc. 1615</b> City & State <b>MIAMI FL</b> Zip <b>33130</b> Country <b>USA</b>		3. Mailing Address <b>10 S.W. S. RIVER DR. Suite, Apt. #, etc. 1615</b> City & State <b>MIAMI, FL</b> Zip <b>33130</b> Country <b>USA</b>																																	
4. FEI Number <b>65-0410997</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent <b>BROOKS, SANDRA 1700 NW N RIVER DR. 406 MIAMI BEACH FL 33139</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10 SW S RIVER DR. # 1615</b> City <b>MIAMI FL</b> Zip Code <b>33130</b>																																	
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 <u><i>Sandra Brooks</i></u> DATE <u><i>4/27/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>D. BROOKS, SANDRA A 1700 N.W. N RIVER DR. MIAMI BEACH FL</b> </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete           </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>10 SW S RIVER DR. # 1615, MIAMI</b> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete           </td> </tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete           </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete           </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete           </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete           </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete           </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Delete           </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D. BROOKS, SANDRA A 1700 N.W. N RIVER DR. MIAMI BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>10 SW S RIVER DR. # 1615, MIAMI</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> <tr><td> </td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 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 empowered.																																			
<b>SIGNATURE:</b> <u><i>Sandra Brooks</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/27/04</i></u> <u><i>(305) 532-7368</i></u> <small>Date Daytime Phone #</small>																																	