2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

I hereby certify that the information indicated on this report or supof the corporation or the rece changed, or on an attachmen

SIGNATURE:

Feb 13, 2004 08:00 AM Secretary of State DOCUMENT # P93000041068 1. Entity Name BRUMBERG HOLDINGS, INC. Principal Place of Susiness Mailing Address 599 S FEDERAL HWY 415 S FEDERAL HWY **DANIA FL 33004** DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Surte, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0422111 Not Applicable Ζιp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADMIN CORP Street Address (P.O. Box Number is Not Acceptable) 415 S FEDERAL HIGHWAY DANIA FL 33004 City Zip Code 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 roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete MLE TITLE ☐ Addition Change BRUMBERG, SARA NAME NAME STREET ADDRESS 1878 SW 24TH AVENUE STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME BRUMBERG, ROBERT MARIE STREET ADDRESS 1878 SW 24TH AVENUE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition U00000050766 NAME BRUMBERG, J B NAME 02/16/04-80024-002 150.00 STREET ADDRESS STREET ADDRESS 1878 SW 24TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE 🗆 Delete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP consupplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information femental 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 or director 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 with an address, with all other like empowered.

FILED