


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P93000050278 1. Entity Name A. BRUMEL CORPORATION |  |
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| Principal Place of Business 1221 BEL AIRE DR. EAST PEMBROKE PINES, FL 33027 US | Mailing Address 1221 BEL AIRE DR. EAST PEMBROKE PINES, FL 33027 US |
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01062004 No Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number 22-3268764 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CHARLES J. GOLDMAN P.A. 601 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020 |
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUMEL, ALAN 1221 BEL AIRE DR. EAST PEMBROKE PINES, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUMEL, STACEY 1221 BEL AIRE DR. EAST PEMBROKE PINES, FL |
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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.

SIGNATURE:  **Jan 6 2004 305 PP3 8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #