

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089016

FILED
Apr 22, 2004
Secretary of State

Entity Name: BROWNES & COMPANY APOTHECARY, INC.

Current Principal Place of Business:

841 LINCOL RD.
MIAMI BEACH, FL 33139

New Principal Place of Business:

841 LINCOLN RD.
MIAMI BEACH, FL 33139

Current Mailing Address:

3415 PRAIRIE AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

3415 PRAIRIE AVE.
MIAMI BEACH, FL 33140

FEI Number: 65-0554499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSZ FIU CORPORATION
201 S BISCAYNE BLVD
850
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPP () Delete
Name: MALLON, MARGUERITE N
Address: 841 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: 1998 () Delete
Name: FEINBERG, GARY M
Address: 841 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: AS () Delete
Name: CHEEZEM, JAN C
Address: 201 S BISCAYNE BLVD, #850
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALLON, NIKKI
Address: 841 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change () Addition
Name: FEINBERG, GARY M
Address: 841 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKKI MALLON

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date