


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90080 035 ***150.00

DOCUMENT # P95000032201 1. Entity Name BROWNSTONE PROPERTIES OF SOUTH FLORIDA INC.					
Principal Place of Business 506 SE 8TH ST 707 S.E. 3rd Ave FT. LAUDERDALE, FL 33316				Mailing Address 506 SE 8TH ST 707 S.E. 3rd Avenue FT. LAUDERDALE, FL 33316	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3370460				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, JOSEPH L 506 SE 8TH ST 707 S.E. 3rd Avenue FT. LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	<input type="checkbox"/> Delete			
NAME	STONE, DAVID E 707 S.E. 3rd Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	4000 CYPRESS GROVE WAY, #508	STREET ADDRESS			
CITY - ST - ZIP	POMPAHO BEACH, FL 33069	CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BROWN, SUSAN 707 S.E. 3rd Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	4000 CYPRESS GROVE WAY, #508	STREET ADDRESS			
CITY - ST - ZIP	POMPAHO BEACH, FL 33069	CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>David E. Stone V.P.</u> 1/15/04 954-782-3207 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

DAVID E. STONE V.P.