

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90001 037 ***150.00

DOCUMENT # P95000082778

1. Entity Name
BROOKMAN-FELS MANAGEMENT CORP.



Principal Place of Business
**940 HARBOR ISLANDS DR
G-9
HOLLYWOOD, FL 33019 US**

Mailing Address
**940 HARBOR ISLANDS DR
G-9
HOLLYWOOD, FL 33019 US**

54073413



09212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0631594

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAVAGE, CRAIG D
5901 S.W. 111TH ST.
MIAMI, FL 33156**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 1, 2004
October 1**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
FELS, JON
940 HARBOR ISLANDS DR
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
LEVY, MICHAEL
940 HARBOR ISLANDS
HOLLYWOOD, FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~VP~~
~~OFFENBERG, BERNARD~~
~~940 HARBOR ISLANDS DR~~
~~HOLLYWOOD, FL 33019~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/04 305-442-7000X
Date Daytime Phone # **2114**