2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2004 8:00 am Secretary of State 3, DQCUMENT # P96000020391 1. Entity Name 03-04-2004 90066 001 ***450.00 BRADS INC. Principal Place of Business Mailing Address 2145 14TH AVENUE STE 6 SUITE 314 2145 14TH AVENUE STE 6 OUTUUVU VERO BEACH FL 32960 VERO BEACH FL 32960 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0656968 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ≟ 6. Name and Address of Current Registered Agent Name SEGAL, STUART Street Address (P.O. Box Number is Not Acceptable) 2145 14TH AVE STE 6 VERO BEACH FL 32960 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, 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 \$5.00 May Be 9. Election Campaign Financing 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 TITLE Delete TITLE ☐ Change ☐ Addition SEGAL, STUART NAME MALAF STREET ADDRESS PO BOX 6887 STREET ADDRESS VERO BEACH FL 32961 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME SEGAL, DEBORAH NAME STREET ADDRESS PO BOX 6887 STREET ADDRESS VERO BEACH FL 32961 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS 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 s, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED SIGNING OFFICER OR DIRECTOR

FILED