

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90298 001 ***150.00
03-07-2005 90298 002 *****8.75

DOCUMENT # P96000048281

1. Entity Name
BROOKS SPRINKLER SERVICE, INC.



Principal Place of Business
**1001 NORTHWEST 140TH STREET
MIAMI, FL 33168**

Mailing Address
**1001 NORTHWEST 140TH STREET
MIAMI, FL 33168**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0670300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145**

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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

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JOHNS, GEORGE H
STREET ADDRESS	1001 NW 140TH ST
CITY-STATE-ZIP	MIAMI, FL 33168
TITLE	Vice President
NAME	Jorge Toledo
STREET ADDRESS	12915 NW 8th Ave
CITY-STATE-ZIP	MIAMI FLA 33168
TITLE	Vice President
NAME	Steve Ward
STREET ADDRESS	6230 SW 41 Place
CITY-STATE-ZIP	DAVIE FLA 33314
TITLE	Vice President
NAME	Michael Johns
STREET ADDRESS	1001 NW 140th Street
CITY-STATE-ZIP	MIAMI FLA 33168
TITLE	Secretary / Treasurer
NAME	Marcel Rangel
STREET ADDRESS	1301 NE 209 Terr
CITY-STATE-ZIP	North Miami Beach FLA 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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:

George Johns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 (305) 685-5351
Date Daytime Phone #