



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90036 031 \*\*\*150.00

<b>DOCUMENT # P97000024357</b> 1. Entity Name <b>STEVIE B'S BETTER TOP &amp; TRIM, INC.</b>																																															
Principal Place of Business <b>750 EAST SAMPLE RD., <del>BLDG #5 BAY 9</del></b> <b>POMPANO BEACH, FL 33064</b>			Mailing Address <b>750 EAST SAMPLE RD., <del>BLDG #5 BAY 9</del></b> <b>POMPANO BEACH, FL 33064</b>																																												
2. Principal Place of Business Suite, Apt. #, etc. <b>BLDG #8 BAY #2</b> City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. <b>BLDG #8 BAY #2</b> City & State Zip Country																																													
03102005 Chg-P CR2E034 (10/03)				4. FEI Number <b>65-0740438</b>																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																											
6. Name and Address of Current Registered Agent <b>BRAMS, STEVE</b> <b>750 EAST SAMPLE RD., <del>BLDG #5 BAY 9</del></b> <b>POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>BLDG #8 BAY #2</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;">PTSD BRAMS, STEVE 750 EAST SAMPLE RD., <del>BLDG #5 BAY 9</del> POMPANO BEACH, FL 33064</td> <td style="width:30%; text-align: right;">Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRAMS, STEVE 750 EAST SAMPLE RD., <del>BLDG #5 BAY 9</del> POMPANO BEACH, FL 33064	Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%; text-align: center;">BLDG #8 BAY #2</td> <td style="width:30%; text-align: right;">Change Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLDG #8 BAY #2	Change Addition																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRAMS, STEVE 750 EAST SAMPLE RD., <del>BLDG #5 BAY 9</del> POMPANO BEACH, FL 33064	Delete																																													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLDG #8 BAY #2	Change Addition																																													
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: 			3/30/05 954-786-1792																																												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																												