

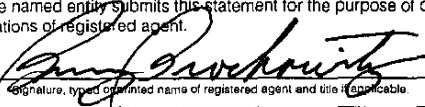
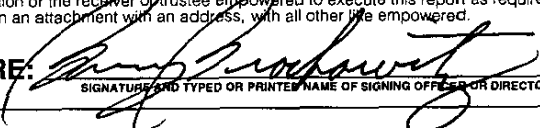


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90021 029 ***150.00

DOCUMENT # P98000015050 1. Entity Name BROSKOWITZ TECHNOLOGIES, INC.					
Principal Place of Business 803 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779			Mailing Address PO BOX 916268 LONGWOOD, FL 32791-6268		
2. Principal Place of Business 5360 Fawn Woods Ct. Suite, Apt. #, etc.		3. Mailing Address 5224 West State Road 46 #355 Suite, Apt. #, etc.			
City & State Sanford, FL Zip 32771		City & State Sanford, FL Zip 32771-9230		4. FEI Number 59-3494099	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROSKOWITZ, BARRY 803 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779				7. Name and Address of New Registered Agent Name Barry Broskowitz Street Address (P.O. Box Number is Not Acceptable) 5360 Fawn Woods Court City Sanford FL Zip Code 32771	
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  Barry Broskowitz President 1/8/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROSKOWITZ, BARRY 803 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Barry Broskowitz 5360 Fawn Woods Court Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.					
SIGNATURE:  Barry Broskowitz 1/8/04 407-302-6600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					