


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90329 008 ***150.00

DOCUMENT # P98000022709

1. Entity Name
BROM WEST CORP.



Principal Place of Business
**1857 THOMAS ST
 HOLLYWOOD, FL 33020**

Mailing Address
**1857 THOMAS ST
 HOLLYWOOD, FL 33020**

2. Principal Place of Business
3800 Piedmont St

3. Mailing Address
3800 Piedmont St

Suite, Apt. #, etc.


City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33021 Country

Zip
33021 Country

20046943



04172004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0839179 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**POPOVYCH, OLEG
 1857 THOMAS ST
 HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name **Popovych, Oleg**

Street Address (P.O. Box Number is Not Acceptable)
3800 Piedmont St

City **Hollywood** FL Zip Code **33021**

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 **Popovych, Oleg Popovych, D** DATE **04/17/2004**

Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, ROMAN
STREET ADDRESS	53 SHEVCHENKO STREET., AP #12
CITY-ST-ZIP	LVIV, UKRAINE 290039,
TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, BOHDANA
STREET ADDRESS	53 SHEVCHENKO STREET., AP #12
CITY-ST-ZIP	LVIV, UKRAINE 290039,
TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, OLEG
STREET ADDRESS	1857 THOMAS ST
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D <input type="checkbox"/> Delete
NAME	POPOVYCH, MYKOLA
STREET ADDRESS	53 SHEVCHENKO ST APT #12
CITY-ST-ZIP	LVIV, UKRAINE 290039,
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3800 Piedmont St
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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, with all other like empowered.

SIGNATURE: **Popovych, Oleg Popovych** DATE **04/17/2004** DAYTIME PHONE # **954-989-0462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #