

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2004 90012 004 ***150.00

DOCUMENT # P98000026378

1. Entity Name
BIRCH ROAD INVESTMENTS, INC.



Principal Place of Business
**125 NORTH BIRCH ROAD, SUITE 102
FORT LAUDERDALE, FL 33301**

Mailing Address
**2 SOUTH UNIVERSITY DRIVE
STE. 215
PLANTATION, FL 33324**

54017597



2. Principal Place of Business
P.O. BOX 667516
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State
POMPANO, FL
Zip
33066 Country

City & State

4. FEI Number
65-0822144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNN, BRIAN
2 SOUTH UNIVERSITY DRIVE
STE 215
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 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
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BERMAN, SYLVIA
501-B SURF AVENUE
BROOKLYN, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
GOLDBERG, DARREN
P.O. BOX 667516
POMPANO, FL 33066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 754366 9595
Date Daytime Phone #