

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90075 037 ***158.75

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1. Entity Name

BROOKMAN-FELS CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business

**201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 33134**

Mailing Address

**201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 33134**

94068164



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0839194

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 33134**

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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, 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 PD
NAME FELS, JONATHAN
STREET ADDRESS 201 ALHAMBRA CIR., 12TH FLR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME LEVY, MICHAEL
STREET ADDRESS 201 ALHAMBRA CIR., 12TH FLR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VTD
NAME MCNAIRY, CHARLES L
STREET ADDRESS 201 ALHAMBRA CIR., 12TH FLR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD
NAME GETMAN, DENNIS
STREET ADDRESS 201 ALHAMBRA CIR., 12TH FLR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VSD
NAME KERRIGAN, JUANITA I
STREET ADDRESS 201 ALHAMBRA CIR., 12TH FLR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Juanita I. Kerrigan, VP/Sec* **4/23/04** **(305) 443-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA I. KERRIGAN

Date

Daytime Phone #