

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90342 037 ***150.00

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1. Entity Name

BRIAN COCHRANE ENTERPRISES, INC.



Principal Place of Business

1121 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address

1121 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442



03012004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0890882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GATSOS, ELAINE M
1499 WEST PALMETTO PARK ROAD
SUITE 210
BOCA RATON, FL 33486

**DO NOT WRITE
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 P
NAME COCHRANE, BRIAN
STREET ADDRESS 5570 N.W. 61ST #326
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE S
NAME HUBERT, MAURICE J
STREET ADDRESS 1121 S M. LRARY TRL
CITY-ST-ZIP DEERFIELD BEACH, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Brian R. Cochran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/27/04
Daytime Phone #