

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90362 019 \*\*\*163.75

**DOCUMENT # P99000029033**

1. Entity Name

ELRECO'S EXPRESS, INC.



Principal Place of Business

1799 NE 164 TH STREET  
SUITE 113  
NORTH MIAMI BEACH FL 33162

Mailing Address

1799 NE 164 TH STREET  
SUITE 113  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

366 NW 171<sup>ST</sup>  
Suite, Apt. #, etc.  
NORTH MIAMI BEACH  
City & State

3. Mailing Address

366 NW 171<sup>ST</sup>  
Suite, Apt. #, etc.  
NORTH MIAMI BEACH  
City & State

Zip

Country

Zip

Country

FL 33169

4. FEI Number 65-1005245

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROTHERTON, IVAN  
1587 N.E. 170TH ST.  
NORTH MIAMI BEACH FL 33162

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BROTHERTON, IVAN	
STREET ADDRESS	1587 N.E. 170TH ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DP	<input type="checkbox"/> Delete
NAME	IVAN BROTHERTON	
STREET ADDRESS	366 NW 171 <sup>ST</sup>	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 305-652-4825