


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000080452 1. Entity Name BRASSBOOT, INC.	
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Principal Place of Business
1881 N.W. 20TH ST.
MIAMI, FL 33142

Mailing Address
1881 N.W. 20TH ST.
MIAMI, FL 33142



01292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955851	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARI, MANUEL J
250 BIRD RD., STE 102
CORAL GABLES, FL 33146

**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, 2005 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	PD CHARNAY, ANGELA 9140 SW 123RD CT. #Q-203 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EGUILUZ, VICTOR 9140 SW 123RD CT., #Q-203 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EGUILUZ, ANGELA 9140 SW 123RD CT., #Q-203 MIAMI, FL 33186
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04/18/05-80159-019 150.00

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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)(f), 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

4/12/05 305-3741500
Date Daytime Phone #