## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

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	1. Entity Nam	18	# S64899 BROWERS SUP	PLY, I	NC.					05-01-2006		)24 ****15	0.00
<u> </u>										60031	1603		
	Principal Place		•		lailing Address					0000.			
	7225 NW 25	TH STREET			P.O. BOX 522763								
-		STE 217 MIAMI, FL 33152 US MIAMI, FL 33122 US											
	1111/2111, 1 2 01	WIFWII, I L 33122 US								## <b>                                    </b>			
ſ	2. Principal Place of Business			3.	3. Mailing Address								
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	Suite, Apt. #, etc.				Suite, Apt. #, etc.				04262006	Chg-P	CR2E	034 (11/05)	
ŀ	City & State	City & State City & State			City & State				4. FEI Number			I An	plied For
	Oily & Glair	City & State			Only & Claic	•			65-0368	481			t Applicable
	Zip	Zip Country Zip		Zip	Country						\$8.75 Add	fitional	
							5. Certificate of Status Desired Fee Required						
	6. Nam		and Address of Curre	stered Agent				7. Name and A	ddress of New R	egistered	Agent		
ļ	007511.15						Name	Re	4001	Don	ina	Je∕z −	
. Ì	POZEN, IF 9130 S DA		BI VD					P.O. Box Number		,			
	SUITE 112		0210.			ļ	45	7 30	136	1-10	<u>~ce</u>		
Í	MIAMI, FL	IAMI, FL 33156-7812											
		•					City _	dia	mi	<del></del>	FL	Zip Cod	
	9. The above	The share of the state of the s										familiar with	3184
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 familia the poligations of registered agent.										tatimas mitig	und dooop.		
	SIGNATURE  Signature, type or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								6-06	· p			
	SIGNATURE.	Signature, type	or printed name of registered a	gent and title	f applicable. (NOTE	Registere	d Agent signatu	re required	I when reinstating)		DATE		<u> </u>
•	<del>}                                    </del>	•	. 9		<u> </u>				T	<del></del>		•	
Y	FÌL After Ma	FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign File Trust Fund Contribution						<b>\$5</b> . Add	.00 May Be ed to Fees				}
ı	10.	OFFICERS AND DIRECTORS				11.			ADDITIONS/C	HANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
l	TITLE	PD			Delete     Delete	TITL	E	Pre	sident		,	Change	Addition
	NAME			NAM					أحدد مدن				
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Ś	NAME 1	•				NAM							
	STREET ADDRESS	1				STR	EET ADORESS	[					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIG	NAT	URE:
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

591-0310

Daytime Phone #