


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 271376 1. Entity Name: BRUSA, INC.	
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Principal Place of Business 1401 N.W. NORTH RIVER DRIVE CORAL GABLES, FL 33114	Mailing Address PO BOX 14-1156 CORAL GABLES, FL 33114-1156
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1118650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, OAKLEY G
2535 SHELTER AVE.
MIAMI BEACH, FL 33140

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	SMITH, OAKLEY G.
STREET ADDRESS	2535 SHELTER AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	SMITH, OAKLEY G.
STREET ADDRESS	2535 SHELTER AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	AS
NAME	FORMAN, MAX
STREET ADDRESS	1501 LEJEUNE ROAD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	AVP
NAME	SMITH, OAKLEY J
STREET ADDRESS	2535 SHELTER AVE
CITY-ST-ZIP	MIAMI BCH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80005-023 150.00

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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.

SIGNATURE: *Cathy Smith* Date: 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #