

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 369475

Entity Name: BRITTANY SALES COMPANY

**FILED**  
**Aug 16, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

290 NW 165TH STREET  
PH #1  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

290 NW 165TH STREET  
PH #1  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 59-1307445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALPERN, MARK  
8900 BAY DRIVE  
SURFSIDE, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: HALPERN, MARK  
Address: 8900 BAY DRIVE  
City-St-Zip: SURFSIDE, FL 33154

Title: VPDS (X) Delete  
Name: BROWN, PAUL G.  
Address: 861 SW 88 TERR  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDTS (X) Change ( ) Addition  
Name: HALPERN, MARK  
Address: 8900 BAY DRIVE  
City-St-Zip: SURFSIDE, FL 33154

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK HALPERN

PDTS

08/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date