

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001680

Entity Name: BRYKE CORPORATION

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4775 COLLINS AVENUE, #1205
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4775 COLLINS AVENUE, #1205
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 03-0377233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASLAVCHIK, DANIEL
4775 COLLINS AVENUE, #1205
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SASLAVCHIK, BRIAN
4775 COLLINS AVENUE, #1205
MIAMI BEACH, FL 33140 US

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: BRIAN SASLAVCHIK

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SASLAVCHIK, DANIEL
Address: 4775 COLLINS AV. APT 1205
City-St-Zip: MIAMI BEACH, FL 33140

Title: VSD (X) Delete
Name: SASLAVCHIK, CLARISA
Address: 4775 COLLINS AV. APT 1205
City-St-Zip: MIAMI BEACH, FL 33140

Title: PTD (X) Delete
Name: SASLAVCHIK, DANIEL
Address: 4775 COLLINS AV
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SASLAVCHIK, BRIAN
Address: 4775 COLLINS AV. APT 1205
City-St-Zip: MIAMI BEACH, FL 33140

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

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: BRIAN SASLAVCHIK

PTD

03/20/2009

Electronic Signature of Signing Officer or Director

Date