

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107579

FILED
Apr 26, 2007
Secretary of State

Entity Name: BRISAMAR GARDENS, INC.

Current Principal Place of Business:

206 MAGNOLIA LAKE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

206 MAGNOLIA LAKE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3246733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTRILLON, ALCIBIADES
206 MAGNOLIA LAKE DRIVE
LONGWOOD, FL 32779 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRILLON, ALCIBIADES
Address: 206 MAGNOLIA LAKE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: GUTIERREZ, ANDRES
Address: 100 BAYVIEW DRIVE, #605
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: TD () Delete
Name: NINO, JOSE
Address: 9955 E. BAY HARBOR ISLAND, APT 6B
City-St-Zip: BAL HARBOR, FL 33154

Title: VD () Delete
Name: PORTOCARRERO, MIGUEL
Address: 2011 S.W. 134 AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ALCIBIADES CASTRILLON

P.D

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date