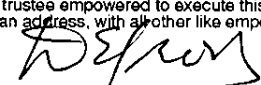


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90001 047 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                     |                                                                        |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000134860</b><br>1. Entity Name<br><b>BREVARD ESTATES CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                                                                                     |                                                                        |                                                                                        |  |
| Principal Place of Business<br><b>133 ARAGON AVENUE<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                                     | Mailing Address<br><b>133 ARAGON AVENUE<br/>CORAL GABLES, FL 33134</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | 3. Mailing Address                                                                                                  |                                                                        |                                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Suite, Apt. #, etc.                                                                                                 |                                                                        |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | City & State                                                                                                        |                                                                        | 4. FEI Number<br><b>35-2319745</b>                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Country                                                                                                             |                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EFRON, DAVID<br/>133 ARAGON AVENUE<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                                                                                                     |                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                                                     |                                                                        |                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                        | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.                                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>           |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br><b>EFRON, DAVID<br/>133 ARAGON AVENUE<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                            |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| 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. |                                                                                                            |                                                                                                                     |                                                                        |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |                                                                                                                     |                                                                        |                                                                                                                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                                     | Date Daytime Phone #                                                   |                                                                                                                                                                         |  |