

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90089 050 ***158.75

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1. Entity Name
B.R.E. ENTERPRISES, INC.



Principal Place of Business
**441 SW 8TH STREET
MIAMI, FL 33130**

Mailing Address
**443 SW 8TH STREET
MIAMI, FL 33130**

60024950



02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0939955

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OCNER, BENJAMMIN A
441 SW 8TH STREET
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OCNER, BENJAMIN A
STREET ADDRESS	110 ISLAND DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	SD
NAME	RODRIGUEZ, ROGELIO
STREET ADDRESS	501 NW 88TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	TD
NAME	RODRIGUEZ, EDUARDO
STREET ADDRESS	3556 SW 180TH WAY
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, and all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin Ocner

2/15/07