

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90016 040 \*\*\*150.00

44005356



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 98-0053361 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # F94000005470

1. Entity Name  
**BREGA INVESTMENTS N.V.**

Principal Place of Business  
 C/O ALVAREZ, RODRIGUEZ-ECAY & CO., PAVC  
 782 N.W. 42ND AVENUE, SUITE 545  
 MIAMI, FL 33126

Mailing Address  
 C/O ALVAREZ, RODRIGUEZ-ECAY & CO., PAVC  
 782 N.W. 42ND AVENUE, SUITE 545  
 MIAMI, FL 33126

2. Principal Place of Business  
**C/O E.F. ALVAREZ & COMPANY, P.A.**  
 Suite, Apt. #, etc.  
**782 NW 42 Ave, Ste 545**  
 City & State  
**Miami, FL**  
 Zip  
**33126** Country  
**USA**

3. Mailing Address  
**Brega Investments, N.V.**  
 Suite, Apt. #, etc.  
**150 Island Drive**  
 City & State  
**Key Biscayne, FL**  
 Zip  
**33149** Country  
**USA**

6. Name and Address of Current Registered Agent  
**ALVAREZ, RODRIGUEZ-ECAY & COMPANY, P.A.**  
**782 N.W. 42 AVENUE, SUITE 545**  
**MIAMI, FL 33126**

7. Name and Address of New Registered Agent  
 Name  
**E.F. ALVAREZ & COMPANY, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**782 NW 42 Avenue, Ste 545**  
 City  
**Miami** State  
**FL** Zip Code  
**33126**

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 by: Cecilia Olvera, President DATE 1/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPORATE AGENTS N.V. 3 L.B. SMITHPLEIN CURACAO/NETHERLANDS ANTILLES, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUQUE-FASENDA, LUCIANO J EDIFICIO SOHO APT 1-B, SEBUCAN CARACAS, VE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-DUQUE, PAULA V EDIFICIO SOHO APT, 1-B SEBUCAN CARACAS VENEZUELA, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Paula V. Pérez Duque Managing Director DATE 1/26/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #