


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000005470**

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



Principal Place of Business <b>C/O E.F. ALVAREZ &amp; COMPANY, P.A.          782 N.W. 42ND AVENUE, SUITE 545          MIAMI, FL 33126</b>	Mailing Address <b>BREGA INVESTMENT, N.V.          150 ISLAND DRIVE          KEY BISCAYNE, FL 33149</b>
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03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>98-0053361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**E.F. ALVAREZ & COMPANY, P.A.  
 782 N.W. 42 AVENUE, SUITE 545  
 MIAMI, FL 33126**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUQUE-FASENDA, LUCIANO J EDFICIO SOHO APT 1, SEBUCAN CARACAS, DF VENEZUELA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-OUQUE, PAULA V EDIFICIO SOHO APT 1, SEBUCAN CARACAS, DF VENEZUELA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/13/06-80018-013 150.00

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

SIGNATURE: X [Signature] **March 27, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #