


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000005470
 1. Entity Name
BREGA INVESTMENTS N.V.



| | |
|---|---|
| Principal Place of Business C/O E.F. ALVAREZ & COMPANY, P.A. 782 N.W. 42ND AVENUE, SUITE 545 MIAMI, FL 33126 | Mailing Address BREGA INVESTMENT, N.V. 150 ISLAND DRIVE KEY BISCAYNE, FL 33149 |
|---|---|

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

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

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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 _____ (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

000000636734
 02/26/07-80032-005 150.00

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-FASEDA, LUCIANO J EDIFICIO SOHO APT 1, SEBUCAN CARACAS, DF VENEZUELA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ-DUQUE, 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 | |

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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:  **PAULA V. PEREZ DUQUE** **02/12/2007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #