
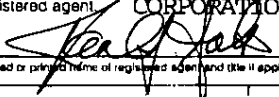
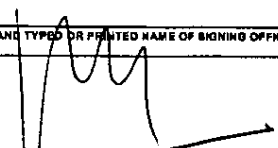


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
07 MAY 17 PM 2:20

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115211			
1. Entity Name BROEKHUIZEN HOLDING, INC.			
Principal Place of Business 10485 NW 28TH STREET DORAL, FL 33172		Mailing Address 10485 NW 28TH STREET DORAL, FL 33172	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  STUART M. ROTMAN, CPA, PA 4700 NORTH STATE ROAD 7 SUITE 208 FORT LAUDERDALE, FL 33331-9		7. Name and Address of New Registered Agent Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., Suite 1500 City Miami FL Zip Code 33131	
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, CORPORATION COMPANY OF MIAMI			
SIGNATURE By: 		Raul J. Salas, Vice President 5-11-07	
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BROEKHUIZEN, KOENRAAD J LEGMEERDIJK 81, 1187NT AMSTELVEEN THE NETHERLANDS, EU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 800103608598 05/31/07--01028--013 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete BROEKHUIZEN, CRISTOL M. W. LEGMEERDIJK 81, 1187NT AMSTELVEEN THE NETHERLANDS, EU	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: 		Koenraad J. Broekhuizen, President 305-379-9146 5-11-07	