


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000005470 1. Entity Name BREGA INVESTMENTS N.V.	
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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
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0053361	Applied For <input type="checkbox"/> Not Applied
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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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-FASEDA, LUCIANO J EDFICIO 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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01/17/08-80036-006 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____