


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 271376


1. Entity Name
BRUSA, INC.



Principal Place of Business
1401 N.W. NORTH RIVER DRIVE
CORAL GABLES, FL 33114

Mailing Address
PO BOX 14-1156
CORAL GABLES, FL 33114-1156

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1118650	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

SMITH, OAKLEY G
2535 SHELTER AVE.
MIAMI BEACH, FL 33140

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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)

Signature, typed or printed name of registered agent and title if applicable 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, OAKLEY G. 2535 SHELTER AVENUE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, OAKLEY G. 2535 SHELTER AVENUE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORMAN, MAX 1501 LEJEUNE ROAD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SMITH, OAKLEY J 2535 SHELTER AVE. MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80025-010 150.00

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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:  **4/30/07** **305-824-4703**

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