


2007 FOR PROFIT CORPORATION ANNUAL REPORT

PAID FILED
APR 23 2007
CR 2007-08500-A
Secretary of State

DOCUMENT # 321378 1. Entity Name BRENMAR INVESTMENTS INC	
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Principal Place of Business 225-27 ARAGON AVENUE CORAL GABLES, FL 33134 US	Mailing Address 225- ARAGON AVENUE CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1219803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRENNAN, THOMAS J 225 ARGAUN AVE MIAMI, FL 33134

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNAN, THOMAS J 225 ARAGON AVE. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, BRENNAN 225 ARAGUN AVE MIAMI, FL 33134
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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: *[Signature]* 4/17/07 305-445-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #