2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 321378

1. Entity Name
BRENMAR INVESTMENTS INC

Principal Place of Business	Mailing Address
225-27 ARAGON AVENUE CORAL GABLES, FL 33134 US	225- ARAGON AVENUE CORAL GABLES, FL 33134 US

DO NOT WRITE IN THIS SPACE

04102008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1219803	Not Applicable

5. Certificate of Status Desired ☐ **$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_____

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

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	U00000903132 04/30/08-80033-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRENNAN, THOMAS J
STREET ADDRESS	225 ARAGON AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	JOSEPH, BRENNAN
STREET ADDRESS	225 ARAGUN AVE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ Thomas J. Brennan 4/15/08   (305) 445-8521

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