

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 496313**

1. Entity Name  
**BRUNNER CONSULTANTS, INC.**



Principal Place of Business  
3313 NW 74 AVE.  
MIAMI, FL 33122 US

Mailing Address  
823 PALERMO AVE.  
CORAL GABLES, FL 33134



03142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1664330**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRUNNER, HORST**  
823 PALERMO AVENUE  
CORAL GABLES, FL 33134

**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

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

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | PD                     |
| NAME           | BRUNNER, HORST         |
| STREET ADDRESS | 823 PALERMO AVE.       |
| CITY-ST-ZIP    | CORAL GABLES, FL       |
| TITLE          | S                      |
| NAME           | BRUNNER, AIXA          |
| STREET ADDRESS | 823 PALERMO AVE.       |
| CITY-ST-ZIP    | CORAL GABLES, FL       |
| TITLE          | D                      |
| NAME           | BRUNNER, AIXA          |
| STREET ADDRESS | 823 PALERMO AVE.       |
| CITY-ST-ZIP    | CORAL GABLES, FL       |
| TITLE          | D                      |
| NAME           | BRUNNER, EDGAR         |
| STREET ADDRESS | 823 PALERMO AVE        |
| CITY-ST-ZIP    | CORAL GABLES, FL 33134 |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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03/18/04-80022-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

305-592-2945

Daytime Phone #