## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

## Feb 28, 2008 8:00 am Secretary of State DOCUMENT #F92734 1. Entity Name 02-28-2008 90018 028 \*\*\*150.00 BREDER CONSTRUCTION CORP. Principal Place of Business Mailing Address 9861 S.W. 184TH ST. 9861 S.W. 184TH ST. MIAMI, FL 33157 US MIAMI, FL 33157 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 282 Suite, Apt. #, etc. Suite, Apt. #, etc. 02252008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For μ 59-2211291 Not Applicable Country US/A \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POLEN Bedor BREDER-STEPHEN Street Address P.O. Box Number is Not Acceptable) 152 FONTAINE DR TAVERNIER, FL 33070 OD BOX 850 City 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Vice President ☐ Addition TITLE Delete TITLE NAME BREDER, JOHN NAME John Breat John Bren. 9861 Swisyt Street Milami, FL 33157 9300 SOUTHWEST 181 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331575763 CITY-ST-ZIP DP TITLE ☐ Delete TITLE President Stephen Bredel **BREDER, STEPHEN** NAME NAME 152 FONTAINE DR STREET ADDRESS po Box 850 Steinhatcher, R 32559 STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL CITY-ST-ZIP Delete Secretary, Treasurer TITLE TITLE Addition Tinya Sambile NAME STREET ADDRESS STREET ADDRESS PO BOY 282 CITY-ST-ZIP CITY-ST-ZIP Tavelnier TL 33070 ☐ Delete TITLE ☐ Change Addition TITLE Director michael murphy NAME NAME STREET ADDRESS STREET ADDRESS DO BOY 282 CITY-ST-7IP CITY-ST-ZIP TUVEINIEN FL 33070 TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CiTY-ST-7IP TITI F TATLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED