

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 040 ***150.00

44005356



01232004 Chg-P CR2E034 (10/03)

4. FEI Number 98-0053361 Applied For Not Applicable

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

DOCUMENT # F94000005470

1. Entity Name
BREGA INVESTMENTS N.V.

Principal Place of Business
C/O ALVAREZ, RODRIGUEZ-ECAY & CO., PAVC
782 N.W. 42ND AVENUE, SUITE 545
MIAMI, FL 33126

Mailing Address
C/O ALVAREZ, RODRIGUEZ-ECAY & CO., PAVC
782 N.W. 42ND AVENUE, SUITE 545
MIAMI, FL 33126

2. Principal Place of Business
C/O ALVAREZ & Company, P.A.
Suite, Apt. #, etc.
782 NW 42 Ave, Ste 545
City & State
Miami, FL
Zip
33126 Country
USA

3. Mailing Address
Brega Investments, N.V.
Suite, Apt. #, etc.
150 Island Drive
City & State
Key Biscayne, FL
Zip
33149 Country
USA

6. Name and Address of Current Registered Agent
ALVAREZ, RODRIGUEZ-ECAY & COMPANY, P.A.
782 N.W. 42 AVENUE, SUITE 545
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name
E.F. ALVAREZ & Company, P.A.
Street Address (P.O. Box Number is Not Acceptable)
782 NW 42 Avenue, Ste 545
City
Miami FL Zip Code
33126

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 **by: Emilio Alvarez, President** 1/23/04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORPORATE AGENTS N.V. 3 L.B. SMITHPLEIN CURACAO/NETHERLANDS ANTILLES, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUQUE-FASEDA, LUCIANO J EDIFICIO SOHO APT 1-B, SEBUCAN CARACAS, VE <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ-DUQUE, PAULA V EDIFICIO SOHO APT, 1-B SEBUCAN CARACAS VENEZUELA, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Paula V. Pérez Duque** Managing Director 1/26/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #