

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000000250

Entity Name: BRO WRECKERS, INC.

FILED
Oct 19, 2004
Secretary of State

Current Principal Place of Business:

7962 OLD TRAMWAY DR.
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7777 N. WICKHAM RD. #12-511
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 62-1481357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGREN, HANS
7962 OLD TRAM WAY DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: OGREN, HANS
Address: 7962 OLD TRAM WAY DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: S () Delete
Name: OGREN, ASE
Address: 7962 OLD TRAM WAY DRIVE
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANS OGREN

MR

10/19/2004

Electronic Signature of Signing Officer or Director

Date