2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 24, 2008 08:00 A Secretary of State DOCUMENT # G98112 1. Entity Name BREDER MANAGEMENT CORP. Principal Place of Business Mailing Address 9861 S.W. 184 ST. 9861 SW 184 ST MIAMI, FL 33157 MIAMI, FL 33157 US 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2427033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BREDER, JOHN C DO NOT WRITE 9300 S. W. 181 TERRACE MIAMI, FL 33157 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. racialización de mandantes SIGNATURE (NOTE: Registered Agent signature required when reinstating) -DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. . Added to Fees 10, OFFICERS AND DIRECTORS Ü00000867190 04/08/08-80059-025 150.00 TITLE ŊΡ BREDER, JOHN C. STREET ADDRESS 9300 SW 181 TERRACE CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME BREDER, VALERIE STREET ADDRESS 9300 SW 181 TERRACE CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby 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.

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CITY-ST-ZIP IIITE NAME STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO