



**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

40063610

<b>DOCUMENT # H34496</b> 1. Entity Name T.F. BRYDON ENTERPRISES, INC.				<b>STATE OF FLORIDA</b> 04-16-2007 90324 023 ***150.00	
Principal Place of Business 14180 S.W. 78TH AVE. MIAMI, FL 33158		Mailing Address 14180 S.W. 78TH AVE. MIAMI, FL 33158		40063610 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03272007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2619796	
City & State Palmetto Bay FL		City & State Palmetto Bay FL		Applied For Not Applicable	
Zip 33158		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYDON, TERENCE F. 14180 S.W. 78TH AVE. MIAMI, FL 33158				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PTD BRYDON, TERENCE F. 14180 S.W. 78TH AVE. MIAMI FL Palmetto Bay FL <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 SD BRYDON, CAROLE A. 14180 S.W. 78TH AVE. MIAMI FL Palmetto Bay FL <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 <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 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.					
SIGNATURE: Terence F. Brydon Pres. 4-13-07 305-253-1767					