2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**SIGNATURE** 

## Apr 24, 2006 08:00 AM DOCUMENT # K25857 **Secretary of State** Entity Name BRANDON ENTERPRISES, INC. Mailing Address Principal Place of Business 722 NE 81ST STREET MIAMI FL 33138 1000 W AVE MIAMI BCH FL 33139 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State NO-T APPLICABLE Not Applied Country Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLUM, SAMUEL SPENCER** Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DR. **UITE 406 COCONUT GROVE FL 33133** City Zìp 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Ad: TITLE ☐ Delote TITLE D U00000528788 NAME NAME SPIRK, JOHN T. 05/05/06-80051-003 150.00 STREET ADDRESS STREET ADDRESS 722 NE 81ST STREET DITY-ST-ZIP MIAMI FL 33138 CITY-ST-ZIP ☐ Change ☐ A<sup>2-</sup> Delete TITLE TITLE NAME NAME HUGHES, RICHARD E. STREET ADDRESS STREET ADDRESS 722 NE 81ST STREET CHY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 Delete Chance TITLE MAME STREET ADDRESS STREET AUDRESS CHY-SI-7P CITY-ST-ZIP □ A\*\* Change T133 F ☐ Delete TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CSTY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ And 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 bontained in Section 119, Florida Statutes 1 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 direction 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.

FILED

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