


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 029 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000021630		
1. Entity Name BREX GROUP, LLC		
Principal Place of Business 2315 N.W. 107 AVENUE BOX 133 DORAL, FL 33172		Mailing Address 2315 N.W. 107 AVENUE BOX 133 DORAL, FL 33172
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 20-8525740		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5,000 Additional Fee Required
6. Name and Address of Current Registered Agent CMS INTERNATIONAL ENTERPRISES, INC. 550 BILTMORE WAY SUITE 200 CORAL GABLES, FL 33134		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: _____ DATE: _____		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		DATE: _____ <small>DATE Registered Agent agrees to accept which renounces</small>
FILE NOW!! FEE IS \$138.78 After May 1, 2008 Fee will be \$338.78		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DA FONSECA, ROBERTO G. 2315 N.W. 107 AVENUE, BOX 133 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDEIROS, DEBORA 2315 N.W. 107 AVENUE, BOX 133 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WERNECK, LIANE 2315 N.W. 107 AVENUE, BOX 133 DORAL, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: Debora F. Medeiros		Date: 04/28/08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>

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04082008 Chg-LLC CR2E089 (12/06)

-205.496.800
-786.9990495