2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021630

Entity Name: BREX GROUP, LLC

City-St-Zip:

DORAL, FL 33172

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2315 N.W. 107 AVENUE **BOX 133** DORAL, FL 33172 **Current Mailing Address: New Mailing Address:** 2315 N.W. 107 AVENUE **BOX 133** DORAL, FL 33172 FEI Number: 20-8525740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CMS INTERNATIONAL ENTERPRISES, INC. 550 BILTMORE WAY SUITE 200 CORAL GABLES, FL 33134 US 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition DA FONSECA, ROBERTO G Name: Name: Address: 2315 N.W. 107 AVENUE, BOX 133 Address: City-St-Zip: DORAL, FL 33172 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MEDEIROS, DEBORA Name: Name: Address: 2315 N.W. 107 AVENUE, BOX 133 Address: City-St-Zip: DORAL, FL 33172 City-St-Zip: Title: MGR (X) Delete Title: () Change () Addition WERNECK, LIANE Name: Name: 2315 N.W. 107 AVENUE, BOX 133 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: DEBORA MEDEIROS MGR 04/09/2009