

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021630

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** BREX GROUP, LLC

**Current Principal Place of Business:**

2315 N.W. 107 AVENUE  
BOX 133  
DORAL, FL 33172

**New Principal Place of Business:**

2315 N.W. 107 AVENUE  
BOX 133  
DORAL, FL 33172 US

**Current Mailing Address:**

2315 N.W. 107 AVENUE  
BOX 133  
DORAL, FL 33172

**New Mailing Address:**

2315 N.W. 107 AVENUE  
BOX 133  
DORAL, FL 33172 US

**FEI Number:** 20-8525740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CMS INTERNATIONAL ENTERPRISES, INC.  
550 BILTMORE WAY  
SUITE 200  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: DA FONSECA, ROBERTO G  
Address: 2315 N.W. 107 AVENUE, BOX 133  
City-St-Zip: DORAL, FL 33172 US

Title: MGR  
Name: MEDEIROS, DEBORA  
Address: 2315 N.W. 107 AVENUE, BOX 133  
City-St-Zip: DORAL, FL 33172 US

I hereby 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.

SIGNATURE: ROBERTO DA FONSECA

MGRM

04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date