2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # M09393 1. Entity Name 04-20-2005 90346 034 ***150.00 BRAIN POWER AMERICA, INC. Principal Place of Business Mailing Address 4470 S.W. 74 AVENUE MIAMI FL 33155 4470 S.W. 74 AVENUE 50040532 **MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2475774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WERTHEIM, HERBERT 4470 S.W. 74 AVENUE MIAMI FL 33155 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8.7 The above named entity submits this sta ging 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, typed or prin (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΠP TITLE Delete TITLE Change ☐ Addition Wertheim, Herbert A. WERTHEIM, HERBERT A. NAME NAME STREET ADDRESS 4470 S.W. 74 AVENUE 4470 S.W. 74 Avenue STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Miami, FL 33155 VD TITLE ☐ Delete Change ☐ Addition WERTHEIM-BRUMER, VANESSA V NAME Wertheim-Brumer, Vanessa V. STREET ADDRESS 4470 SW 74 AVENUE STREET ADDRESS 4470 S.W. 74 Avenue CITY-ST-ZIP MIAMI FL CITY-ST-7iP Miami, FL 33155 HHE Delete TITLE Change ☐ Addition NAME WERTHEIM-ZOHAR, ERICA V NAME Wertheim-Zohar, Erica V. STREET ADDRESS 4470 SW 74 AVENUE STREET ADDRESS 4470 S.W. 74 Avenue CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Miami, FL 33155 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with his indicated on this report or supplemental reports trip of the corporation or the receiver or trustee empowers the supplemental trip. on to qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cure the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

305-264-4465

Daytime Phone #

4-12-05

Date