


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M60582**  
 1. Entity Name  
**BRIMEN, INC.**



Principal Place of Business  
**BRIMEN, INC.**  
**151 SE 15 RD APT 160**  
**MIAMI, FL 33129 US**

Mailing Address  
**6241 ALEXANDER DR.**  
**SAINT LOUIS, MO 63105 US**



D4142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0131313**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MENDOZA, CESAR E**  
**1951 SW 156 AVE.**  
**MIAMI, FL 33027**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDOZA, ANGEL AUGUSTO 520 BRICKELL KEY DR. 305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE MENDOZA, DELIA G. 520 BRICKELL KEY DR. 305 MIAMI, FL
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 05/11/06-80073-013 150.00

12. 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 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 director of 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angel Augusto Mendoza **4/14/06** **314**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #