FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90718 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60582

1. Entity Name
BRIMEN, INC.

Principal Place of Business	Mailing Address
BRIMEN, INC. 151 SE 15 RD APT 160 MIAMI, FL 33129 US	BRIMEN, INC. ~~151 SE 15 RD APT 1601~~ ~~MIAMI, FL 33129 US~~ 6241 Alexander St. Louis, MO 63105

[barcode] 11039710

2. Principal Place of Business	3. Mailing Address: 6241 Alexander Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St. Louis, Missouri
Zip / Country	Zip: 63105 / Country

☑ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
NILGES, DENNIS P. 151 S.E. 15TH ROAD APT. #1601 MIAMI, FL 33129	Name: Cesar E. Mendoza Street Address (P.O. Box Number is Not Acceptable): 1951 South West 156 Avenue City: Miramar FL Zip Code: 33027

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: Cesar E. Mendoza Cesar E. Mendoza DATE: 5/24/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENDOZA, ANGEL AUGUSTO 520 BRICKELL KEY DR. 305 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DE MENDOZA, DELIA G. 520 BRICKELL KEY DR. 305 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date: 5/24/03 Daytime Phone #: 314-727-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR