


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90233 025 ***150.00

DOCUMENT # P00000023260 1. Entity Name DON BREWER REAL ESTATE, INC.			
Principal Place of Business 900 E ATLANTIC BLVD, SUITE 17 POMPANO BEACH, FL 33060		Mailing Address 900 E ATLANTIC BLVD, SUITE 17 POMPANO BEACH, FL 33060	
2. Principal Place of Business - No P.O. Box # 739 E. ATLANTIC BLVD Suite, Apt. #, etc.		3. Mailing Address 739 E Atlantic Blvd Suite, Apt. #, etc.	
City & State POMPANO BEACH FL		City & State Pompano Beach FL	
Zip 33060		Zip 33060	
Country USA		Country US	
4. FEI Number 65-1037848		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STUPARITZ, ALAN 900 E ATLANTIC BLVD, SUITE 17 POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 739 E. ATLANTIC BLVD City POMPANO BEACH FL Zip Code 33060	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 PSTD BREWER, DONALD A 900 E ATLANTIC BLVD, SUITE 17 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 739 E. ATLANTIC BLVD POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Donald A Brewer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5/1/08</u> Daytime Phone # _____	