


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000060173 1. Entity Name BREVARD PREMIER PROPERTIES & INVESTMENTS, INC.		
Principal Place of Business 2181 JULIA CT MERRITT ISLAND, FL 32953	Mailing Address 2181 JULIA CT MERRITT ISLAND, FL 32953	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AL-SHIHABI, EYAD 2181 JULIA CT MERRITT ISLAND, FL 32953		
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 _____ <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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div> \$5.00 May Be Added to Fees </div> <div> U00000530010 05/05/06-80099-010 150.00 </div> </div>
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	AL-SHIHABI, EYAD	
STREET ADDRESS	2181 JULIA COURT	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3726434** Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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4/20/06 34-453-6065
 Date Daytime Phone #