2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000061676

1. Entity Name

BRENROM CORPORATION

Mailing Address

12342 CASCADES POINTE DR BOCA RATON, FL 33428

Principal Place of Business

12342 CASCADES POINTE DR BOCA RATON, FL 33428

FILED Apr 14, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04112008 No Chq-P CR2E034 (11/05)

4. FEI Number 65-1121485 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMEO, ETTORE F 12342 CASCADES POINTE DRIVE BOCA RATON, FL 33442

DO NOT WRITE IN THIS SPACE

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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 it applicable (NOTE Registered Agent)				required when reinstaing)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000835702 04/24/08-80077-015 150	nn
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMEO, ETTORE F 12342 CASCADES POINTE DRIVE BOCA RATON, FL 33428			•		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ROMEO, BRENDA L 12342 CASCADES POINTE DRIVE BOCA RATON, FL 33428					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
HILE NAME STREET ADDRESS CHTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			··-	
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 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:

Gomeo Brenda L. Romeo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

561-488-9434

Date

Daytma Phone #