


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90029 009 \*\*\*150.00

<b>DOCUMENT # P01000069390</b>	
1. Entity Name <b>BROKER'S INTERNATIONAL NETWORK, INC.</b>	

Principal Place of Business <b>7801 CORAL WAY 123 MIAMI, FL 33155 US</b>	Mailing Address <b>7801 CORAL WAY 123 MIAMI, FL 33155 US</b>
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2. Principal Place of Business - No P.O. Box # <b>Same as ABOVE</b>	3. Mailing Address <b>4250 SW 67 AVE #1K</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>14</b>
City & State	City & State <b>Miami - FL</b>
Zip	Zip <b>33155</b>
Country	Country <b>USA</b>

40005718



01142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SUAREZ, PATRICIA PTSD 2000 DENVER WESTON, FL 33326</b>	7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 *Patricia Suarez, PTSD* DATE 01/15/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST SUAREZ, PATRICIA 2000 DENVER WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patricia Suarez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4250 SW 67 AVE #1K Miami - FL. 33155</b>
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
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
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
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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: *Patricia Suarez* DATE 01/015/2008 (305) 401-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #