FILED
07 MAY 17 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000115211

1. Entity Name
BROEKHUIZEN HOLDING, INC.

Principal Place of Business	Mailing Address
10485 NW 28TH STREET DORAL, FL 33172	10485 NW 28TH STREET DORAL, FL 33172

04022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0618787 ☐ 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
STUART M. ROTMAN, CPA, PA 4700 NORTH STATE ROAD 7 SUITE 208 FORT LAUDERDALE, FL 33331-9	Name Corporation Company of Miami Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., Suite 1500 City Miami FL Zip Code 33131

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. CORPORATION COMPANY OF MIAMI

SIGNATURE By: [signature] Raul J. Salas, Vice President 5-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	D BROEKHUIZEN, KOENRAAD J LEGMEERDIJK 81, 1187NT AMSTELVEEN THE NETHERLANDS, EU	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P XX Change ☐ Addition 800103608599 05/31/07--01028--013 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROEKHUIZEN, CRISTOL M. W. LEGMEERDIJK 81, 1187NT AMSTELVEEN THE NETHERLANDS, EU	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M 5/24	☐ 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

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: [signature] Koenraad J. Broekhuizen, President 305-379-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5-11-07 Daytime Phone #