2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116564

Entity Name: BRL CONTRACTORS, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
18629 SW 107 AVENUE MIAMI, FL 33173				18629 SW 107 AVENUE MIAMI, FL 33157			
Current Mailing Address:				New Mailing Address:			
	8629 SW 107 AVENUE NAMI, FL 33173			18629 SW 107 AVENUE MIAMI, FL 33157			
FEI Number:	06-1657703	FEI Number Applied For ()	El Numl	ber Not Applic	cable ()	Certifica	ate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
REARDON LEVINE MANAGEMENT, INC. 18629 SW 107 AVENUE MIAMI, FL 33324 US				REARDON LEVINE MANAGEMENT, INC. 18629 SW 107 AVENUE MIAMI, FL 33157 US			
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.							
SIGNATURE:				04/27/2005			
	Electronic	Signature of Registered Agent					Date
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () E REARDON, ERIC 18629 SW 107 A MIAMI, FL 33157	VE	!	Title: Name: Address: City-St-Zip:	P (X) BALL, R.S. 18629 SW 107 MIAMI, FL 3315	AVE	() Addition
Title: Name: Address: City-St-Zip:	D () E LEVINE, DANIEL 18629 SW 107 A MIAMI, FL 33157	VE	1	Title: Name: Address: City-St-Zip:	VP (X) LEVINE, DANIEI 18629 SW 107 MIAMI, FL 3318	_ A AVE	() Addition
Title: Name: Address: City-St-Zip:	()[Delete	1	Title: Name: Address: City-St-Zip:	VP () REARDON, ERI 18629 SW 107 MIAMI, FL 3315	C T AVENUE	(X) Addition
Title: Name: Address: City-St-Zip:	()[Delete	1	Title: Name: Address: City-St-Zip:	T () PASCUL, JANE 18629 SW 107 MIAMI, FL 3315	IT AVENUE	(X) Addition
Title: Name: Address: City-St-Zip:	() [Delete	1	Title: Name: Address: City-St-Zip:	S () DISHKIN, AIMER 18629 SW 107 MIAMI, FL 3318	E AVENUE	(X) Addition
Title: Name: Address: City-St-Zip:	()[Delete	1	Title: Name: Address: City-St-Zip:	AS () ZAHRALBAN, HI 18629 SW 107 MIAMI, FL 3315	ELEN AVENUE	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN ZAHRALBAN AS 04/27/2005