## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000116564

Name:

Address:

City-St-Zip:

Entity Name: BRL CONTRACTORS, INC

FILED Apr 09, 2008 Secretary of State

Entity Na	me: BRL CON	TRACTORS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
8209 SW 189 TERRACE MIAMI, FL 33157				19030 SW 82 CT MIAMI, FL 33157			
Current Mailing Address:				New Mailing Address:			
P.O. BOX MIAMI, FL							
FEI Number	: 06-1657703	FEI Number Applied For ( )	FEI Nun	nber Not App	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
REARDON LEVINE MANAGEMENT, INC. 8209 SW 189 TERRACE MIAMI, FL 33157 US				RL CORPORATE MANAGEMENT, INC. 19030 SW 82 CT MIAMI, FL 33157 US			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registe	ered office or registered agent, or both,	
SIGNATURE: DANIEL A LEVINE				04/09/2008			
	Electror	nic Signature of Registered A	gent			Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) BALL, R.S. P.O. BOX 5708 MIAMI, FL 332			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( LEVINE, DANIE P.O. BOX 5708 MIAMI, FL 332	116		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X REARDON, ER 15964 SW 151 MIAMI, FL 331	TERRACE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	(	) Delete		Title:	S	( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

HUNTER, JODÍ

City-St-Zip: MIAMI, FL 332570816

PO BOX 570816

SIGNATURE: DANIEL A LEVINE VP 04/09/2008