2007 FOR PROFIT CORPORATION 4 ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ≤

Mar 01, 2007 8:00 am **Secretary of State** DOCUMENT # P02000133613 1. Entity Name 03-01-2007 90022 032 ***150.00 BROCH INVESTMENTS, INC. Principal Place of Business Mailing Address 12068 S.W. 131ST AVE. MIAMI FL 33186 12068 S.W. 131ST AVE. MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 16-1644841 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERAZA, JOSE 12068 S.W. 131ST AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title i applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE HILE ☐ Change Addition Delete PERAZA, JOSE NAME NAME 12068 S.W. 131ST AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition Lourdes Peraza NAME NAME 1206P SW 131 Arenue STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP mia mi. 33186 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY OF THE Cli 1 - 31 - 21P MILE Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP C!TY-ST-ZIP THE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CHTY - S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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