


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 025 ***150.00

DOCUMENT # P03000027267 1. Entity Name BRUNNER SECURITIES USA, INC.					
Principal Place of Business 2121 SW 3RD AVE, STE 100 MIAMI, FL 33129			Mailing Address 2121 SW 3RD AVE, STE 100 MIAMI, FL 33129		
2. Principal Place of Business - No P.O. Box # 717 PONCE DE LEON BLVD.		3. Mailing Address 717 PONCE DE LEON BLVD			
Suite, Apt. #, etc. SUITE 330		Suite, Apt. #, etc. SUITE 330			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL			
Zip 33134	Country USA	Zip 33134	Country USA	4. FEI Number 87-0712592	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EVANS, LAWRENCE S ESQ 2121 SW 3RD AVE, STE 100 MIAMI, FL 33129				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON SUITE 330 City MIAMI BEACH FL Zip Code 33134	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MOLLO NETO, FRANCISCO STREET ADDRESS 2121 SW 3RD AVE, STE 100 CITY-ST-ZIP MIAMI, FL 33129	<input type="checkbox"/> Delete		TITLE 717 PONCE DE LEON BLVD, SUITE 330 NAME MIAMI BEACH FL STREET ADDRESS 33134 CITY-ST-ZIP	<input checked="" 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	
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	
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: <u>Francisco Mollo Neto</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>5/30/08</u> DAYTIME PHONE #: <u>305 444-8637</u>		