


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90020 001 \*1,050.00

<b>DOCUMENT # P03000031884</b> 1. Entity Name <b>BRYAN PROPERTIES AND INVESTMENTS CORPORATION</b>	
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Principal Place of Business <b>19075 N.W. 37TH AVE. MIAMI, FL 33056</b>	Mailing Address <b>19075 N.W. 37TH AVE. MIAMI, FL 33056</b>
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-3676270</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SIDDIQUE, MOHAMMAD 19075 N.W. 37TH AVE. MIAMI, FL 33056</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIDDIQUE, MOHAMMAD 19075 N.W. 37TH AVE. MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIDDIQUE, ELVA 19075 N.W. 37TH AVE. MIAMI, FL 33056
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/30/07**  
Date

Daytime Phone # \_\_\_\_\_