


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90022 019 ***150.00

DOCUMENT # P03000064668 1. Entity Name BRISA, INC.					
Principal Place of Business 6989 NW 84 AVE MIAMI, FL 33166			Mailing Address 6989 NW 84 AVE MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 6109 NW 72 AVE		3. Mailing Address 6109 NW 72 AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-0038925	
Zip 33166		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CARMONA, HUGO 6989 NW 84 AVE MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6109 NW 72 AVE City MIAMI FL Zip Code 33166		
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: <u><i>Hugo Carmona</i></u> HUGO CARMONA <u>07/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VARGAS, COSME J 6989 NW 84 AVE MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 6109 NW 72 AVE MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ANDRADE, JOSE D 6989 NW 84 AVE MIAMI, FL 33166	<input checked="" 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	P CARMONA, HUGO 6989 NW 84 AVE MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6109 NW 72 AVE MIAMI FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARMONA, ALICIA 6989 NW 84 AVE MIAMI, FL 33166	<input checked="" 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><i>Hugo Carmona</i></u> HUGO CARMONA-PRES <u>07/11/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>07/11/07</u> <small>Daytime Phone #</small>			