2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000067851 05-03-2004 91057 001 ***150.00 **BRENDOL CORPORATION** Principal Place of Business Mailing Address 2036 CREE TRAIL 2036 CREE TRAIL CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 LIS US 2. Principal Place of Business Mailing Address 3050 Alafaya Tra. 509 Suite, Apt. #, etc. 04212004 CR2E034 (10/03) Applied For City & State 4. FEI Number Fern Z0-005 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brenda M **ACTIVE FILINGS, LLC** Street Address (P.O. Box Number is N 10651 NE 11TH COURT MIAMI SHORES, FL 33138 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 Fjorida. I am familiar with, and accept the obligations of registered agen (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change : Addition ROZANC, BRENDA NAME Rozanc, Brenda M. NAME STREET ADDRESS 2036 CREE TRAIL STREET ADDRESS 509 South Street CASSELBERRY, FL 32707 CITY-ST-7IP CITY-ST-ZIP Fern Park, FL ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the federate 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

FILED

May 03, 2004 8:00 am