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Secretary of State

04-19-2004 90395 002 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/

DOCUMENT # P03000156161

1. Entity Name
BRANDERIE PROPERTIES INC.

Principal Place of Business
1500 NW 10TH AVENUE
BOCA RATON, FL 33486

Mailing Address
1500 NW 10TH AVENUE
BOCA RATON, FL 33486

66431604

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07062004 Chg-P CR2E034 (10/03)

4. FEI Number: 200532133 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZALDIVAR, LUIS
~~4894 ROTHSCHILD DRIVE~~
~~CORAL SPRINGS, FL 33067~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 10888 KING BAY DR
City: BOCA RATON FL Zip Code: 33498

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: [signature] DATE: 7/6/04

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / LUIS R. ZALDIVAR / 10888 KING BAY DR / BOCA RATON FL 33498 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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] Date: 7/6/04 Daytime Phone #: (561) 392-4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

All attempts 66431607

COMPREHENSIVE PSYCHOLOGICAL AND PSYCHIATRIC SERVICES, P.A.
Diagnostic Evaluations and Treatment

Luis R. Zaldivar, Ph.D.
Psychologist

1500 N.W. 10th Avenue
Suite #104
Boca Raton, Florida 33486
Telephone (561) 392-4415

Woodmont Professional Centre
7707 N. University Drive
Suite # 104
Tamarac, Florida 33321
Telephone: (954) 722-4415

7/06/04

Division of Corporations
P.O Box 1500
Tallahassee, FL

Re P03000156161

Please be informed that I filed for my annual report promptly in April of 2004. At that time I sent my application and my check #1660 for $150. The application was returned to me because I had missing the FEI which I filled in + returned to you 2 days after I received your notice. I now have a postcard from you apparently suggesting that you never received my correspondence. I am herewith resubmitting the application + including the FEI #.

Cordially

Dr L Zaldivar