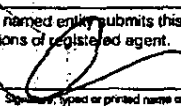
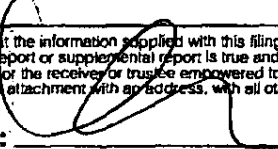


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/

FILED
Aug 09, 2004 8:00 am
Secretary of State

04-19-2004 90395 002 ***150.00

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200532133	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZALDIVAR, LUIS 4894 ROTHSGHILD 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 BOCA RATON FL 33498 City FL Zip Code	
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 7/6/04 Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$350.00 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		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	
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: 			Date 7/6/04 (561) 392-4415 Daytime Phone #		

66431601



07062004 Chg-P CR2E034 (10/03)

all actions 66431607
COMPREHENSIVE PSYCHOLOGICAL AND PSYCHIATRIC SERVICES, P.A.
Diagnostic Evaluations and Treatment

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

Luis R. Zaldivar, Ph.D.
Psychologist



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

Division of Corporations
P.O. Box 1400

Tallahassee, FL

7/06/04

PO3000156161

Please be informed that I filed for
my annual report properly in April of 2004.
At that time I sent my application and
my check #1660 for \$150. The application
was returned to me because it was
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