2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 13, 2008 08:00 Al Secretary of State DOCUMENT # P04000023090 1. Entity Name BRIAN'S DOOR, INC. Principal Place of Business Mailing Address 9921 NW 80TH AVE 9721 NW 80TH AVE BAY 1-K BAY 1 K HIALEAH GARDENS, FL 33016 HIALEAH, FL 33016 No Chg-P CR2E034 (11/05) 01042008 DO NOT WRITE IN THIS SPACE 4. FEI Number 55-0857322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONZON, YOSBANI DO NOT WRITE 18253 SW 5TH ST PEMBROKE PINES, FL 33029 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 🥆 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 'After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE MONZON, YOSBANI H 000000826370 STREET ADDRESS 18253 SW 5TH ST CITY-ST-ZIP PEMBROKE PINES, FL 33029 4,02/21/08-80047-003 150.00 PEREZ, JOSE STREET ADDRESS 2904 LAURA LANE CITY-ST-ZIP WEST PALM BEACH, FL 33406 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME

12. I hereby certify that the information sumplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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:

STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone