


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90044 030 ***150.00

DOCUMENT # P04000047035 1. Entity Name BRENDOR INVESTMENTS INC					
Principal Place of Business 3315 TAMARIND WAY BOCA RATON, FL 33486 233 S. FEDERAL HWY			Mailing Address 3315 TAMARIND WAY BOCA RATON, FL 33486 SAME		
2. Principal Place of Business Suite # 111 Suite, Apt. #, etc. BOCA RATON		3. Mailing Address Suite, Apt. #, etc. City & State City & State			
City & State Zip 33432		Country Palm Beach		4. FEI Number 200 867 123	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75* Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CERA, DORINE 3315 TAMARIND WAY BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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: <u><i>Dorine Cera Brenda Peete</i></u> DATE: <u>4/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> CERA, DORINE 3315 TAMARIND WAY BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CERA DORINE 233 S. FEDERAL HWY SUITE 111 BOCA RATON FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> PEETE, BRENDA 3315 TAMARIND WAY BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> PEETE BRENDA 233 S. FEDERAL HWY SUITE 111 BOCA RATON FL 33432	
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	
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 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: <u><i>Dorine Cera</i></u> DATE: <u>4/4/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					