
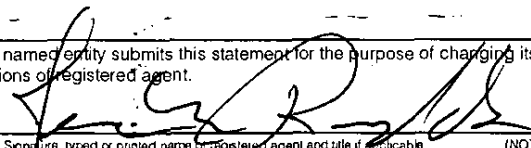
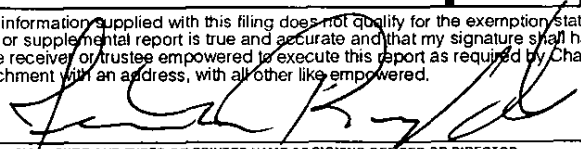


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 047 ***550.00

DOCUMENT # P04000083058 1. Entity Name BRELEX ENTERPRIZES INC.					
Principal Place of Business 24395 SW 214TH PL. HOMESTEAD FL 33031			Mailing Address 24395 SW 214TH PL. HOMESTEAD FL 33031		
2. Principal Place of Business 687 Avenida Del Sur Suite, Apt. #, etc.		3. Mailing Address 1046 Bayberry Loop Suite, Apt. #, etc.			
City & State Clewiston, FL Zip 33440		City & State Clewiston, FL Zip 33440		4. FEI Number 65-1226816	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, JEANNE M 24395 SW 214TH PL. HOMESTEAD FL 33031				7. Name and Address of New Registered Agent Name Jeanne M. Reynolds Street Address (P.O. Box Number is Not Acceptable) 1046 Bayberry Loop City Clewiston FL Zip Code 33440	
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 9/7/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
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			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.		
TITLE PD <input type="checkbox"/> Delete NAME REYNOLDS, JEANNE M STREET ADDRESS 24395 SW 214TH PL. CITY-ST-ZIP HOMESTEAD FL 33031			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1046 Bayberry Loop STREET ADDRESS Clewiston FL 33440 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME GANDARA, DAVID STREET ADDRESS 24395 SW 214TH PL. CITY-ST-ZIP HOMESTEAD FL 33031			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1046 Bayberry Loop STREET ADDRESS Clewiston, FL 33440 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: 			Date 9/7/05 Daytime Phone # 305-247-7812		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					