



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90147 026 ***150.00

DOCUMENT # P04000095001 1. Entity Name BROGAN INTERNATIONAL, INC.					
Principal Place of Business 932 NE 108TH ST BISCAYNE PARK, FL 33161 US				Mailing Address 932 NE 108TH ST BISCAYNE PARK, FL 33161 US	
2. Principal Place of Business 877 NE 195th St Unit 122		3. Mailing Address 877 NE 195th St Unit 122			
Suite, Apt. #, etc. Unit 122		Suite, Apt. #, etc. Unit 122		03032005 Chg-P CR2E034 (10/03)	
City & State Miami FL		City & State Miami FL		4. FEI Number 50-20-1262025	
Zip 33179		Zip 33179		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARFAGNA, RICHARD JR 932 NE 108TH ST BISCAYNE PARK, FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 877 NE 195th St Unit 122 City Miami FL Zip Code 33179	
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>Richard Carfagna</i></u> DATE: <u>3/3/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</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	P CARFAGNA, RICHARD JR 932 NE 108TH ST BISCAYNE PARK, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	877 NE 195th St Unit 122 Miami FL 33179 <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	
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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>Richard Carfagna</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3/3/05</u> Daytime Phone #: <u>305-978-3291</u>		