

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90097 015 ***150.00

DOCUMENT # P04000110265
 1. Entity Name
 BRANDYN LAND INVESTMENTS, IINC.



Principal Place of Business: 1919 VAN BUREN ST UNIT 604 HOLLYWOOD, FL 33020
 Mailing Address: 1919 VAN BUREN ST UNIT 604 HOLLYWOOD, FL 33020

50025386



2. Principal Place of Business: 7949 Catalina Circle
 3. Mailing Address: 7949 Catalina Circle
 Suite, Apt. #, etc.

02242005 Chg-P CR2E034 (10/03)

City & State: Tamarac Fla
 City & State: TAMARAC
 Zip: 33321 Country: Broward
 Zip: 33321 Country: Broward

4. FEI Number: 20-1419380
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORALES, PEDRO
 1919 VAN BUREN ST UNIT 604
 HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
 Name: MORALES PEDRO
 Street Address (P.O. Box Number is Not Acceptable): 7949 Catalina Circle
 City: Tamarac FL Zip Code: 33321

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: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> Delete
NAME: MORALES, PEDRO	
STREET ADDRESS: 1919 VAN BUREN ST UNIT 604	
CITY-ST-ZIP: HOLLYWOOD, FL 33020	
TITLE: D	<input type="checkbox"/> Delete
NAME: MORALES, MARCELLA	
STREET ADDRESS: 1919 VAN BUREN ST UNIT 604	
CITY-ST-ZIP: HOLLYWOOD, FL 33020	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORALES PEDRO	
STREET ADDRESS: 7949 Catalina Circle	
CITY-ST-ZIP: Tamarac Fla 33321	
TITLE: DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MORALES MARCELLA	
STREET ADDRESS: 7949 Catalina Circle	
CITY-ST-ZIP: Tamarac Fla 33321	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: *Marcella Morales*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05 786-487-5097
 Date Daytime Phone #