


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90019 024 ***550.00

DOCUMENT # P05000006129

1. Entity Name
BREBAR, INC.




Principal Place of Business Mailing Address
936 13TH LANE **936 13TH LANE**
VERO BEACH, FL 32960 **VERO BEACH, FL 32960**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Same *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07312007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
03-0553196 Not Applicable

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

6. Name and Address of Current Registered Agent

MARKISEN, BARBARA
4912 PALMETTO DRIVE
FT. PIERCE, FL 34982

7. Name and Address of New Registered Agent

Name *Bret Markisen*

Street Address (P.O. Box number is not acceptable) *936 13th Lane*

City *Vero Beach* FL Zip Code *32960*

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 MARKISEN, BARBARA 4912 PALMETTO DR FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bret Markisen 936 13th Lane Vero Beach Fl. 32960 <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 exemptions contained in Chapter 119, 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: *[Signature]* Date *7-31-07* Daytime Phone # *772-538-7002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR