2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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Entity Name

J.J. BRENER, INC.



Principal Place of Business

8777 COLLINS AVENUE #406 SURFSIDE, FL 33154 Mailing Address

8777 COLLINS AVENUE #406 SURFSIDE. FL 33154



DO NOT WRITE IN THIS SPACE

01122007	No Chg-P	CR2E034 (1	1/05)
4. FEI Number			Applied For

05-0622160

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENER, JULIO 8777 COLLINS AVENUE #406 SURFSIDE, FL 33154

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	ive named entity submits this statement for the partions of registered agent.	ourpose of changing its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATUR	Signature, typed or printed name of registered agent and title	If applicable (NOTE Registered Agent signature required when reinstating)	DATE
	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	U00000591214 01/19/07-80014-006 150.00
10.	OFFICERS AND DIREC	CTORS	<u> </u>
TITLE	Р		•

NAME BRENER, JULIO STREET ADDRESS 8777 COLLINS AVENUE #406 CITY - ST - ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07

305 5931449

Daytime Pno