

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000059053

FILED
Oct 01, 2008
Secretary of State

Entity Name: BRODAL TRADING INVESTMENTS INC

Current Principal Place of Business:

3731 NW 95 TERR
1603
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

1457 SW ORIOLE LN
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 38-3720537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ALBERT B
1457 SW ORIOLE LN
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, ALBERT B
Address: 1457 SW ORIOLE LN
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VPD () Delete
Name: BROWN, NORMA
Address: 1457 SW ORIOLE LN
City-St-Zip: PORT ST LUCIE, FL 34953

Title: CEOC () Delete
Name: HAYNES, AUDLEY
Address: 8817 BALLY UNION ROAD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: CMO () Delete
Name: NICHOLSON, DESMOND K
Address: 800 CORALRIDGE DR CLUB MIRA LAGA
City-St-Zip: CORAL SPRING, FL 33071

Title: CFO () Delete
Name: RENEE, BIRCH D
Address: 3094 SUNSET LANE
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEMO (X) Change () Addition
Name: RENEE, BIRCH D
Address: 3094 SUNSET LANE
City-St-Zip: MARGATE, FL 33063

Title: MO () Change (X) Addition
Name: NICHOLSON, CHRISTOPHER D
Address: 2115 ROYAL PALM BLVD
City-St-Zip: CORAL SPRING, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT BROWN

PD

10/01/2008

Electronic Signature of Signing Officer or Director

Date