## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P05000105436 04-30-2008 90168 039 \*\*\*150.00 GREENBRIAR REAL ESTATE HOLDINGS, INC. Principal Place of Business Mailing Address 701 W. CYPRESS CREEK ROAD 701 W. CYPRESS CREEK ROAD SUITE 302 SUITE 302 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 84-1686354 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KODSI LAW FIRM, P.A Street Address (P.O. Box Number is Not Acceptable) 701 W. CYPRESS CREEK ROAD SUITE 303 FORT LAUDERDALE, FL 33309 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Detete TITLE Addition TITLE Tanner, Sean TOWWER, SEAN NAME NAME 701 W. Cypress creek IZd, suite 302 701 W. CYPRESS CREEK ROAD, SUITE 302 STREET ADDRESS STREET ADDRESS Ft. lauderdale CITY-ST-ZiP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP ☐ Detete ☐ Change M Addition IIILE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS

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 with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Sean lanner

**FILED** 

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