72007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P050 1. Entity Name C & S OF BREVARD, INC.		Secretary of State			
Principal Place of Business	Mailing Address				
2162 SIROCO LANE MELBOURNE, FL 32934	2162 SIROCO LANE Melbourne, Fl 32934				
				Chg-P CR2	E034 (11/05)
DO NOT WRITE IN THIS SPAC		CE	4. FEI Number 42-1680187		Applied For Not Applicable
			5. Certificate of State		\$8.75 Additional Fee Required
6. Name and Address	s of Current Registered Agent		<u> </u>		· · · · · · · · · · · · · · · · · · ·
SOLERO, CONRADO _ 2162 SIROCO LANE MELBOURNE, FL 32934 _		DO NOT WRITE IN THIS SPACE			
The above named entity submits this the obligations of registered agent	statement for the purpose of changing its regist	ered office or registe	red agent, or both, in the	e State of Florida. Ta	rm familiar with, and accept
SIGNATURE Signature, typed or printed name of	registered agent and talle if applicable (NOTE, Regist	ered Agent signature registre	d when reinstating)	- DAT	F -94
FILE NOW!!! FEE IS \$ After May 1, 2007 Fee will		· • — ••	5.00 May Be ded to Fees		
1 - 1	ICERS AND DIRECTORS				***
NAME SOLER, CONRADO				<i>.</i> പ്രസ്തന്നെന്നെക്ക	a

0001000585889 01/16/07-80031-007 150.00 STREET ADDRESS 2162 SIROCO LANE CITY-ST-ZIP MELBOURNE, FL 32934 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 fire 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 a faddress, with a other like empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-07