

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P05000146657

1. Entity Name  
BRUNET-SUAREZ INVESTMENT, INC.



Principal Place of Business  
10910 SW 145 PLACE  
MIAMI, FL 33186

Mailing Address  
10910 SW 145 PLACE  
MIAMI, FL 33186



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-4405180

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SUAREZ, CARLOS JAVIER  
10910 SW 145 PLACE  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/03/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

04/03/08-30023-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME SUAREZ, CARLOS JAVIER  
STREET ADDRESS 10910 SW 145 PLACE  
CITY-ST-ZIP MIAMI, FL 33186

TITLE DVP  
NAME BRUNET, JULIO A  
STREET ADDRESS 11061 SW 28 ST  
CITY-ST-ZIP MIAMI, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carlos Javier Suarez* 3/14/08 305-656759