


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 006 ***155.00

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1. Entity Name
BRAN TYBRY CORPORATION



Principal Place of Business
 530 SE 2ND ST.
 HIALEAH, FL 33010

Mailing Address
 3394 N.E. 11TH DRIVE
 HOMESTEAD, FL 33033

DO NOT WRITE IN THIS SPACE



09042007 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-3820635

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALINDO, JACK
 530 SE 2ND ST.
 HIALEAH, FL 33010

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ALUE, AGUSTINA G MRS. 3394 N.E. 11TH DRIVE HOMESTAED, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GALINDO, JACK MR. 3394 N.E. 11TH DRIVE HOMESTAED, FL 33033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 information empowered.

SIGNATURE: Jack Galindo Jack Galindo V.P. 9/5/07 305-494-5364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #