


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90040 019 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P07000094938 1. Entity Name BRILLYANT, INC. | | | |  | |
| Principal Place of Business 929 SE 10TH COURT POMPAÑO BEACH, FL 33060 | | | | Mailing Address 929 SE 10TH COURT POMPAÑO BEACH, FL 33060 | |
| 2. Principal Place of Business - No P.O. Box # 3007 W. Commercial Blvd | | 3. Mailing Address 3007 W. Commercial Blvd | | | |
| Suite, Apt. #, etc. Suite 101 | | Suite, Apt. #, etc. Suite 101 | | 03072008 Chg-P CR2E034 (12/06) | |
| City & State Fort Lauderdale, FL | | City & State Fort Lauderdale, FL | | 4. FEI Number 41-2250485 | |
| Zip 33309 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRIXEN, HENRIK 929 SE 10TH COURT POMPAÑO BEACH, FL 33060 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing "Trust Fund Contribution." <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRIXEN, HENRIK 929 SE 10TH COURT POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GROSCH, RICK 929 SE 10TH COURT POMPAÑO BEACH, FL 33060 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Grosch, Rick 2124 N.E. 44 Street Ft. Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 reports 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 another like empowered. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 3/7/2008 (954) 648-1977 Date Daytime Phone # | | |