



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P93000059472 1. Entity Name. BRILAW, INC.	
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Principal Place of Business 14437 SW 44TH ST MIAMI, FL 33175	Mailing Address 14437 SW 44TH ST MIAMI, FL 33175
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**DO NOT WRITE IN THIS SPACE**

	
04062008 No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0432343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DELVALLE, AURELIO MR  
 14437 SW 44TH ST  
 MIAMI, FL 33175

**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 \_\_\_\_\_ (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.  **\$5.00** May Be Added to Fees

U00000901985  
 04/29/08-80032-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DELVALLE, AURELIO 14437 SW 44TH ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DELVALLE, MARIA % 14437 SW 44TH ST MIAMI, FL 33175
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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 like empowered.

SIGNATURE: Aurelio Delvalle 4/17/08 386-512-6759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #