2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000065033

1. Entity Name

BRANDEL COMMUNICATIONS, INC.



Principal Place of Business

1844 N. NOBHILL ROAD

SUITE 616

PLANTATION, FL 33322

US



Mailing Address

1844 N. NOBHILL ROAD

SUITE 616

PLANTATION, FL 33322

FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90226 047 ***150.00

24070254



05012004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0553839

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELEON, BENJAMIN

no Niot Moite

%BRANDEL COMMUNICATIONS, INC. 1844 N. NOBHILL ROAD -SUITE 616 PLANTATION, FL 33322				IN THIS SPACE		
	e named entity submits this statement for the tions of registered agent.	purpose of changing its regis	stered affice or re	egistered agent, or both, in the S	State of Florida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regi	stered Agent signature	required when reinstating)	DATE	
	LE NOW!!! FEE IS \$ \$5000 bue by September 8, 2004	9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN GIFFORD-DELEON 1844 N. NOBHILL ROAD -SUITE 616 PLANTÁTION, FL 33322					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE			0.0000000000000000000000000000000000000			

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 it 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINT

AME OF SIGNING OFFICER OR DIRECTOR