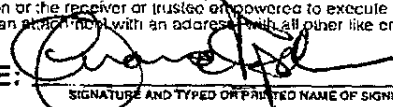


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000028756		
1. Entity Name BRIN CO.		
Principal Place of Business 5030 CHAMPION BLVD SUITE G-14 BOCA RATON, FL 33496		Mailing Address 5030 CHAMPION BLVD SUITE G-14 BOCA RATON, FL 33496
DO NOT WRITE IN THIS SPACE		
		04252005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0740668		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
B. Name and Address of Current Registered Agent		
PAPELL, FRANCES 5030 CHAMPION BLVD SUITE G-14 BOCA RATON, FL 33496		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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPELL, FRANCES 21747 WESTMONT CT BOCA RATON, FL 33428	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAPELL, BENJAMIN 21747 WESTMONT CT BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached form with an address, with all other like empowered.		
SIGNATURE: 		4/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		City/State/Phone #