

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 05, 2006 8:00 am
Secretary of State

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| DOCUMENT # P97000064259 1. Entity Name BRUNT & COMPANY, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 6301 BISCAYNE BLVD SUITE 108-110 SJB MIAMI, FL 33138 US | | Mailing Address 6301 BISCAYNE BLVD SUITE 108-110 SJB MIAMI, FL 33138 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 149 West Plaza Suite #210 City & State: Miami, FL Zip: 33147 Country: 33147 | | 3. Mailing Address 149 West Plaza Suite #210 City & State: Miami, FL Zip: Country: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 65-0769974 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent BRUNT, SAMUEL J 8408 S.W. 208TH STREET MIAMI, FL 33189 | | 7. Name and Address of New Registered Agent Name Samuel J. Brunt Street Address (P.O. Box Number is Not Acceptable) 149 West Plaza Suite #210 City: Miami FL Zip Code: 33147 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: Samuel J. Brunt August 28, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRUNT, SAMUEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8408 S.W. 208TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33189</td> <td></td> </tr> </table> | | TITLE | D | <input type="checkbox"/> Delete | NAME | BRUNT, SAMUEL J | | STREET ADDRESS | 8408 S.W. 208TH STREET | | CITY-ST-ZIP | MIAMI, FL 33189 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">149 West Plaza, Suite #210</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI, FL 33147</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | 149 West Plaza, Suite #210 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | MIAMI, FL 33147 | | 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 like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: Samuel J. Brunt 8/28/06 (305) 696-5974 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |