

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000088596**

1. Entity Name  
**BRENNER EQUITY ADVISORS, INC.**



Principal Place of Business  
**1500 W. CYPRESS CREEK RD.  
STE 409  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**1500 W. CYPRESS CREEK RD.  
STE 409  
FORT LAUDERDALE, FL 33309**



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0788200**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRENNER, SCOTT  
1500 W. CYPRESS CREEK RD.  
STE 409  
FORT LAUDERDALE, FL 33309**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	BRENNER, SCOTT
STREET ADDRESS	1500 W. CYPRESS CREEK RD. STE 409
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	KOPELMAN, MARK
STREET ADDRESS	3550 GULF OCEAN DRIVE, #311
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	HOROWITZ, BRIAN
STREET ADDRESS	1500 W. CYPRESS CREEK RD. STE 409
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	HOROWITZ, HY
STREET ADDRESS	7675 CINBAR DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80082-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/05