## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000088596

1. Entity Name

BRENNER EQUITY ADVISORS, INC.

Principal Place of Business

1500 W. CYPRESS CREEK RD.

STE 409

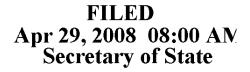
FORT LAUDERDALE, FL. 33309

Mailing Address

1500 W. CYPRESS CREEK RD.

STE 409

FORT LAUDERDALE, FL 33309





04172008

No Chg-P

CR2E034 (11/05)

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

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		1				
	named entity submits this statement for the points of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable (NOTE, Registerer	d Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, SCOTT 1500 W. CYPRESS CREEK RD. STE FORT LAUDERDALE, FL 33309	409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05./22/08-80050-023 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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: \_

CJTY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #