


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90055 001 ***150.00

DOCUMENT # P98000004630 1. Entity Name BRILLE WORKS INTERNATIONAL, INC.					
Principal Place of Business 2207 JAUDON RD. DOVER, FL 33527			Mailing Address 16528 N. DADE MAABRY HWY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16528 N. Dale Mabry Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, Florida		4. FEI Number 59-3491617	
Zip		Zip 33618		Country USA	
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N. DALE MABRY HWY TAMPA, FL 33618				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Walter Sanders</i></u> <u><i>Walter Sanders</i></u> <u><i>4/25/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORITTO, LOUIS 2207 JAUDON RD DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIORITTO, JOYCE 2207 JAUDON RD DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Joyce Fioritto</i></u> <u><i>Joyce Fioritto</i></u> <u><i>4/25/07</i></u> <u><i>813-961-0096</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					