2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2006 8:00 am Secretary of State

DOCUMENT # P98000069461 1. Entity Name BRENCOM, INC.				į			07-17-2006 9	0136 01	4 ***150	.00
Principal Place	e of Business	Ma	ailing Address			7 .				
3440 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062			3440 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062							
2 Dringing D	tone of Duniana		Mailian Address							
2. Principal Place of Business		3.	3. Mailing Address				KUNUS INKII NUISA NELII UUIS		ii 01510 01101 k3	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07072006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Numbe 65-087			—	plied For t Applicable
Žip	Zip Country		Zip	Country			of Status Desired		\$8.75 Add	litional
	6. Name and Address o	f Current Regis	tered Agent			7. Name and	Address of New R	egistered A	gent	
RRENNEN	I MICHAEL I				Name					
BRENNEN, MICHAEL J 1440 S.E. 15TH ST APT 25				Street Address (P.O. Box Number is Not Acceptable)						
	ERDALE, FL 33316									
				City	FL Zip Code					
8. The above the obligati	named entity submits this stations of registered agent.	atement for the p	urpose of changing its r	egistere	d office or registe	ered agent, or bot	h, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE_										-
	Signature, typed or printed name of reg	pistered agent and little i	supplicable. (NOTE:	Registered	l Agent signature requir	red when reinstating)		DATE		
	LE NOW!!! FEE IS \$19 ue by September 6, 2		9. Election Campaig Trust Fund Contri			5.00 May Be ided to Fees	In accordance w corporation did			
10.	ue by September 6, 2		Trust Fund Contri	bution.	☐ Åd	ided to Fees		not receive	DIRECTORS	S IN 11
10.	OFFIC D	2006	Trust Fund Contri	11.	☐ Åd	ided to Fees	corporation did	not receive	the prior r	notice.
10.	ue by September 6, 2	ERS AND DIREC	Trust Fund Contri	11. TITLE	☐ Åd	ided to Fees	corporation did	not receive	DIRECTORS	S IN 11
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12. I needly certify that the information supplied with this thing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is report or supplemental report is true and acquirate 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 apdress with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12 06

703×37+6

Daytime Phone #