


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90238 005 \*\*\*150.00

**DOCUMENT # P98000090605**

1. Entity Name  
**BRUXA, INC.**



Principal Place of Business  
**9553 HARDING AVE., #308**  
**MIAMI, FL 33154 US**

Mailing Address  
**P.O. BOX 545867**  
**MIAMI, FL 33154 US**

2. Principal Place of Business  
**260 Crandon Blvd**

3. Mailing Address  
**PO Box 1373**

Suite, Apt. #, etc.  
**8**

Suite, Apt. #, etc.

City & State  
**Key Biscayne Fl**


City & State  
**Key Biscayne Fl**

Zip  
**33149**

Country

Zip  
**33149**

Country



05012006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0874823**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUMBERGER, HANS**  
**9553 HARDING AVE., #308**  
**MIAMI, FL 33154**

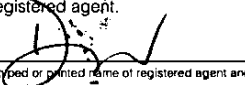
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**260 Crandon Blvd #8**

City **Key Biscayne** FL Zip Code **33149**

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:  **Hans Baumberger** DATE: **4/28/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	<input type="checkbox"/> Delete
NAME	<b>BAUMBERGER, HANS</b>	
STREET ADDRESS	<b>9553 HARDING AVE., #308</b>	
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ALTIRRIBA, ROSA</b>	
STREET ADDRESS	<b>9553 HARDING AVE., #308</b>	
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>260 Crandon Blvd #8</b>	
CITY-ST-ZIP	<b>Key Biscayne, Fl 33149</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>260 Crandon Blvd #8</b>	
CITY-ST-ZIP	<b>Key Biscayne, Fl 33149</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Hans Baumberger** DATE: **4/28/06** DAYTIME PHONE #: **305 867 8970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR