

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 25 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JSK*



04252007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P99000000331</b> 1. Entity Name BREVARD STREET PROPERTIES, INC.					
Principal Place of Business 1975 HICKORY TREE LANE TALLAHASSEE, FL 32303			Mailing Address 1975 HICKORY TREE LANE TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 2029 Cantigny Way Suite, Apt. #, etc.			
City & State  Tallahassee - FL		City & State  Tallahassee - FL		4. FEI Number 59-3550221	
Zip 32308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ABULABAN, WALID 540 W. BREWARD ST. TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2029 Cantigny Way City Tallahassee FL Zip Code 32308		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABULABAN, WALID 1975 HICKORY TREE LANE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V QASEM, DANNY 1975 HICKORY TREE LANE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/25/07 524 2105 Date Daytime Phone #		