


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90105 010 ***150.00

DOCUMENT # P99000031197		
1. Entity Name BREFFNI REAL ESTATE MANAGEMENT CONSULTANT, INC.		
Principal Place of Business 2800 OCEAN DRIVE SUITE E VERO BEACH FL 32963	Mailing Address 2925 CARDINAL DR SUITE C VERO BEACH FL 32963	



2. Principal Place of Business - No P.O. Box # 2925 Cardinal Dr.	3. Mailing Address
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc.
City & State Vero Beach, FL	City & State
Zip 32963	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0909691		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Patricia M. Enever* DATE 1-31-07

Signature, typed or printed name of registered agent and title if applicable (Not Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD MCENERNEY, PATRICIA M 1012 POITRAS DRIVE VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia M. Enever* DATE 1-31-07 772 231-7804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR