2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32438

Entity Name: BRODCO, INC.

Name:

Address: City-St-Zip: KLINGER, MICHELLE

1111 KANE CONCOURSE SUITE 310

BAY HARBOR ISLANDS, FL 331542041

FILED Feb 06, 2008 Secretary of State

Littly Nai	ile. BROD	CO, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
1111 KANE CONCOURSE SUITE 310 BAY HARBOR ISLANDS, FL 331542041 US				701 BRICKELL AVENUE SUITE 1400 MIAMI, FL 33131 US			
Current Mailing Address:				New Mailing Address:			
701 BRICK MIAMI, FL	(ELL AVE S 33131	SUITE 1400					
FEI Number:	65-0423681	FEI Number Applied For	() FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
701 BRICK SUITE 140 MIAMI, FL The above	(ELL AVEN 10 33131 US named ent e of Florida.		or the purpose o	f changing it	s registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent				Date			
Election Car	npaign Finan	cing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete ALFREDO CONCOURSE SUITE 310 DR ISLANDS, FL 331542041 US	;-	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete ANDREA CONCOURSE SUITE 310 DR ISLANDS, FL 331542041		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	DST	() Delete		Title:	ST	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

KLINGER, MICHELLE

1111 KANE CONCOURSE SUITE 310

BAY HARBOR ISLANDS, FL 331542041

SIGNATURE: ALFREDO FROHLICH VP 02/06/2008