
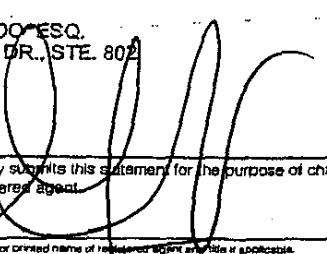
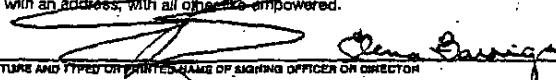


**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

6/8/200

06-08-2004 90002 040 \*\*\*150.00

<b>DOCUMENT # P02000078774</b>			
1. Entity Name BRICKELL 2001 OF FLORIDA INC.			
Principal Place of Business 601 BRICKELL KEY DR., STE. 802 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DR., STE. 802 MIAMI, FL 33131	
2. Principal Place of Business Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131		3. Mailing Address Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131	
Zip Country		Zip Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number <b>20-1451898</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO ESQ. 601 BRICKELL KEY DR., STE. 802 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Banco Santander Building Banco Santander Building 1401 Brickell Avenue, Ste 500 Miami, FL 33131 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  GERARDO A VAZQUEZ (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Section Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIGA, ELENA <input type="checkbox"/> Delete 601 BRICKELL KEY DR., STE. 802 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIGA, ELENA <input type="checkbox"/> Change <input type="checkbox"/> Addition 1401 Brickell Avenue, Ste 500 Miami, FL 33131
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
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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 exemption stated in Section 119.07(3)(f), 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 officers empowered.			
SIGNATURE: 		Date 8/14/04 Daytime Phone 305-371-8066	

Attachment  
Dr. H # 0200007877 f  
66 431598



# Internal Revenue Service

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

## Federal Tax ID / EIN

This is your provisional Employer Identification Number:

**20-1451898**

Today's Date is: August 05, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.  
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.



Attachment  
66431594

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 8, 2004

BRICKELL 2001 OF FLORIDA INC.  
BANCO SANTANDER BUILDING  
1401 BRICKELL AVENUE, STE 500  
MIAMI, FL 33131

Subject: BRICKELL 2001 OF FLORIDA INC.

Reference Number:

P02000078774

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity-previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION