


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90010 022 \*\*\*150.00

**DOCUMENT # P04000112233**

1. Entity Name  
**BRICAN AMERICA INC.**



Principal Place of Business <b>5301 BLUE LAGOON DRIVE          SUITE 520          MIAMI, FL 33126</b>	Mailing Address <b>5301 BLUE LAGOON DRIVE          SUITE 520          MIAMI, FL 33126</b>
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**40030655**



2. Principal Place of Business - No P.O. Box # <b>5301 BLUE LAGOON DR.</b>	3. Mailing Address <b>SAME.</b>
Suite, Apt. #, etc. <b># 520</b>	Suite, Apt. #, etc.

03052007 Chg-P CR2E034 (12/06)

City & State <b>Miami FL.</b>	City & State	4. FEI Number <b>98-0433443</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33126</b>	Country <b>Miami-DADE</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>VINCENS, JEFF          5301 BLUE LAGOON DRIVE          SUITE 520          MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOLDSTEIN, LAURENT</b>		NAME <b>Raymond J. Briscoe</b>	
STREET ADDRESS <b>13071 VANIER PL SUITE 230</b>		STREET ADDRESS <b>15340 SW 78th Pl.</b>	
CITY-ST-ZIP <b>RICHMOND BC, CANADA, BC V6V2J1</b>		CITY-ST-ZIP <b>Palmetto Bay FL 33157</b>	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VINCENS, JEFF</b>		NAME	
STREET ADDRESS <b>1545 RN 7 MARINA 7</b>		STREET ADDRESS	
CITY-ST-ZIP <b>06270 VILLENEUVE LOUBET, FR, FR 06270</b>		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEMACON, JACQUES</b>		NAME	
STREET ADDRESS <b>2260 PLANTATION</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ST-LAZARE, QC, CANADA, QC J7T3E4</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Jeff Vincens 3/5/07 (786) 388-6995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #