## 2005 FOR PROFIT CORPORATION

## Apr 20, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000164334 04-20-2005 90311 044 \*\*\*158.75 TRG - BRICKELL POINT SE HOLDING, INC. Principal Place of Business Mailing Address 2828 CORAL WAY 2828 CORAL WAY 20039107 PENTHOUSE SUITE PENTHOUSE SUITE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-P CR2E034 (10/03) City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Ø. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. X Change Addition D TITLE ☐ Delete TITLE PEREZ, JORGE M. 2828 CORALWAY-PHI MIAMI FL 33145 PEREZ, JORGE M NAME NAME STREET ADDRESS 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RNANDEZ, ANGEL NAME NAME 28 COPALWAY-PHI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IAMI ☐ Delete TITLE ☐ Change TITLE Addition ALLEN MATT 2828 CORAL WAY-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE TITLE Channe noitibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Defete

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ANGEL HERNANDEZ

☐ Change

Addition

**FILED**