


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P05000023083 1. Entity Name BRICK INVESTMENT PROPERTIES CORP.	
--	---

Principal Place of Business 8600 NW 53RD TERRACE, SUITE 101 MIAMI, FL 33166-4509	Mailing Address 8600 NW 53RD TERRACE, SUITE 101 MIAMI, FL 33166-4509
--	--

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3231542	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

MALDONADO, VERONICA
 8600 NW 53RD TERRACE
 SUITE 101
 MIAMI, FL 33166-4509

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MALDONADO, VERONICA 8600 NW 53RD TERRACE, SUITE 101 MIAMI, FL 331664509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MALDONADO, JUAN CARLOS AVE ABRAHAM LINCOLN TORRE LE PREVISORA CARACAS VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MARITZA 8600 NW 53RD TERRACE, SUITE 101 MIAMI,, FL 331664509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000692731
04/16/07-80011-021 150.00

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: Maritza Rodriguez M. Rodriguez - Director 4/14/07 (305) 594-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #