


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000012024**

1. Entity Name  
**BRICKELL ON THE RIVER, INC.**



Principal Place of Business      Mailing Address

**20803 BISCAYNE BLVD #200**      **20803 BISCAYNE BLVD #200**  
**AVENTURA, FL 33180 US**      **AVENTURA, FL 33180 US**

**DO NOT WRITE IN THIS SPACE**



02072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0383959**      Not Applied

5. Certificate of Status Destroyed        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVID, ALAN**  
**20803 BISCAYNE BLVD.**  
**SUITE 200**  
**AVENTURA, FL 33181**

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PSTD BEDZOW, MICHAEL 20803 BISCAYNE BLVD #200 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, ALAN 20803 BISCAYNE BLVD #200 AVENTURA, FL 33180
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03/06/06-60009 025 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR