


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000023531 1. Entity Name LOS ARCOS DE BRICKELL CORP.	
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Principal Place of Business 3611 N.W. SOUTH RIVER DR MIAMI, FL 33142	Mailing Address PO BOX 14 3131 CORAL GABLES, FL 33114
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03032006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0585336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAENZ, CARLOS A 999 BRICKELL BAY DRIVE T-1-807 MIAMI, FL 33131
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (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	P SAENZ, CARLOS A 999 BRICKELL BAY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, PATRICIA 3611 N.W. S RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, ADRIANA 600 BILTMORE WAY CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAENZ, C MICHAEL 3611 N W S RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/21/06-80060-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2006

(305)633-8709

Date

Daytime Phone #