2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 08:00 AN Secretary of State

DOCUMENT # P96000042836 1. Entity Name BRICKELL EUROFLAIR, INC.	Secretary of St
Principal Place of Business 615 BRICKELL KEY DR MIAMI, FL 33131 Miami, FL 33131 Miami, FL 33131 Miami, FL 33131	1 100 M/C DA 11/0 M/M/C OF 11/1 DEFIN OF 11/
DO NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent	04182008 No Chg-P CR2E034 (11/05) 4. FEI Number
DAJER, MARTHA 615 BRICKELL KEY DR. MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
8. The above named enhancement 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 redistered agent and tip if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$558.00 9. Election Campaign Final Trust Fund Contribution	
10. OFFICERS AND DIRECTORS ITILE D DAJER, MARTHA E STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 ITILE NAME STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP TILLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY- ST-ZIP 12. Levelby codify that the information pupplied with this filling down at qualify for the or	exemptions contained in Chapter 119. Florida Statutes Librither conflict that the information
12. I hereby certify that the information supplied with this filling 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 cyndistee 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: SIGNATURE SIGNA	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayting Phone #	