


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90026 020 \*\*\*550.00

**DOCUMENT # P98000042334**  
 1. Entity Name  
**BRICKELL MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**1001 BRICKELL BAY DR.  
 STE #1910  
 MIAMI, FL 33131**

Mailing Address  
**1001 BRICKELL BAY DR.  
 STE #1910  
 MIAMI, FL 33131**

**50023031**



2. Principal Place of Business  
**520 Brickell Key Drive**  
 Suite, Apt. #, etc.  
**Suite 0-305**

3. Mailing Address  
**520 Brickell Key Drive**  
 Suite, Apt. #, etc.  
**Suite 0-305**

07192006 Chg-P CR2E034 (11/05)

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-0854779**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**U.S.A.**

Zip  
**33131**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent  
**FREEMAN, STEPHEN A.  
 520 BRICKELL KEY DRIVE 0-305  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name **Transglobal Corporate Administration LLC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**520 Brickell Key Dr. Ste 0-305**  
 City **Miami** FL Zip Code **33131**

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 *Stephen A. Freeman* **Stephen A. Freeman** 7/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 6, 2006**

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	PD <input type="checkbox"/> Delete <b>PINHEIRO, NELSON</b> <b>1001 BRICKELL BAY DR., LOBBY LEVEL</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <input checked="" type="checkbox"/> Delete <b>PINHEIRO, NOBERTO N</b> <b>1001 BRICKELL BAY DR., LOBBY LEVEL</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <input checked="" type="checkbox"/> Delete <b>PINHEIRO, MARGIA</b> <b>1001 BRICKELL BAY DR., LOBBY LEVEL</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <input checked="" type="checkbox"/> Delete <b>RODRIGUES, MARIA D</b> <b>1001 BRICKELL BAY DR., LOBBY LEVEL</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>777 Brickell Ave., Suite 1100</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD</b> <b>Pinheiro, Eduardo</b> <b>777 Brickell Avenue, Suite 1100</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD</b> <b>Paulucci, Jose A.</b> <b>777 Brickell Ave., Suite 1100</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <b>Cevallos, Fausto</b> <b>777 Brickell Ave., Suite 1100</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>Sucupira, Jose Luis</b> <b>777 Brickell Avenue, Suite 1100</b> <b>Miami, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Fausto Cevallos* **FAUSTO CEVALLOS** 7/20/06 305-810-1222  
Signature and typed or printed name of signing officer or director Date Daytime Phone #