


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90011 038 \*\*\*550.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                   |                                                                                                                        |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P38720</b><br>1. Entity Name<br><b>BRICKELL BAY TOWER LTD., INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                                                                   |                                                                                                                        |                                                     |  |
| Principal Place of Business<br><b>1001 BRICKELL BAY DR<br/>#1808<br/>MIAMI, FL 33131 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                                                                   | Mailing Address<br><b>1001 BRICKELL BAY DR<br/>#1808<br/>MIAMI, FL 33131 US</b>                                        |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                             |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                                                   | City & State                                                                                                           |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Country                                                           |                                                                                                                        | 4. FEI Number<br><b>65-0328977</b>                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                                                                   |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRICKEY, JIM<br/>1001 BRICKELL BAY DR<br/>SUITE 1808<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                             |                                                                   |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                          |                                                                                                             |                                                                   |                                                                                                                        |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                           |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>SALADINO, ANTONIO</b><br><b>VIA ADAMINI 10A, 6901</b><br><b>LUGANO, SWITZERLAND,</b>         | <input type="checkbox"/> Delete                                   |                                                                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br><b>KAMINSKI, AMOS</b><br><b>1001 S. BAYSHORE DR</b><br><b>MIAMI, FL</b>                         | <input type="checkbox"/> Delete                                   |                                                                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP</b><br><b>FRANKEL, SHERRY</b><br><b>1001 S. BAYSHORE DR</b><br><b>MIAMI, FL</b>                       | <input type="checkbox"/> Delete                                   |                                                                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD</b><br><b>MAY, REBECCA</b><br><b>1001 BRICKELL SPY DR</b><br><b>MIAMI, FL 33131</b>                   | <input type="checkbox"/> Delete                                   |                                                                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>ASD</b><br><b>ROSENBLUM, ALLAN</b><br><b>30 ROCKERFELLER PLAZA 29TH FLR</b><br><b>NEW YORK, NY 10112</b> | <input type="checkbox"/> Delete                                   |                                                                                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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. |                                                                                                             |                                                                   |                                                                                                                        |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <i>Sherry Frankel</i> <b>SHERRY FRANKEL</b> <b>7/8/04</b> <b>212 223 0500</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                                                                   |                                                                                                                        |                                                                                                                                      |  |