2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 8:00 am Secretary of State

Daytime Phone #

ANNUAL KEPUKI					Secretary of State				
DOCUMENT # 437153 1. Entity Name BRICKELL FINANCIAL SERVICES, INC.					01-29-2004 90096 038 ***150.00				
Principal Place of Business Mailing Address							7401	PODDS)
3081 SALZEDO STREET 9655 SO DIXIE HWY									
CORAL GABLES, FL 33134 US 3RD FLOOR								· · · ·	
		MIAMI, FL 33156 US				SHIN TERRI MERKANIKA	Lanta ærban bybni bordi	APRIL APRIL DIRE	121 1 (1 1 21 1
2, Principal P 630 Sur	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004	Chg-P	CR2E03	4 (10/03)		
Canal Gables Fl.		City & State		4. FEI Number 59-1488		Applied For Not Applicable			
Zip		Zip Country		5. Certificate c	f Status Desired		8:75 Add		
3313	6. Name and Address of Current I	enistered Agent			7. Name and Address of New Registered Agent				
o. Name and Address of Content Registered Agent					7. Name and 2	address of New	Hegistered A	gent	
HUTCHINSON, ALBERT N									
630 SUNSET DRIVE COCONUT GROVE, FL 33143			Street A	ddress (I	P.O. Box Number	is Not Accepta	ble)		
				'					
			City				FL	Zip Code	е
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. Lam familiar with, and accept									
the obligations of registered agent.									
SIGNATURE Signature, Symbolor printed name of systemod agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE									
	Signature, typed or printed name of redistered agent a	nd title if applicable. (NOTE: Re	gistered Agent signat	ure required	when reinstating)		DATE		· :
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees									
10.	OFFICERS AND I		11,		ADDITIONS/C	CHANGES TO O	FFICERS AND		3 IN 11
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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.									