


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 672982**  
 1. Entity Name  
**BRICKELL MAIL RECEIVING, INC.**



Principal Place of Business <b>444 BRICKELL AVENUE          PLAZA 51          MIAMI, FL 33131-9492</b>	Mailing Address <b>444 BRICKELL AVENUE          PLAZA 51          MIAMI, FL 33131-9492</b>
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**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2162248</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MEDINA, LUCIA  
 444 BRICKELL AVENUE, PLAZA 51  
 MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD MEDINA, LUCIA 444 BRICKELL AVE, PL 51 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MEDINA, FERNANDO 444 BRICKELL AVE, PL 51 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEDINA, MARTIN 444 BRICKELL AVE, PL 51 MIAMI, FL
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 04/13/05-80045-011 150.00

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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.

**SIGNATURE:**  **LUCIA MEDINA** **4/11/05** (301) 371-4604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #