

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90294 026 ****70.00

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1. Entity Name
BRICKELL FOUNTAINS, INC.



Principal Place of Business
C/O FRANKA POSSO
1990 BRICKELL AVE, UNIT O
MIAMI, FL 33129

Mailing Address
C/O FRANKA POSSO
1990 BRICKELL AVE, UNIT O
MIAMI, FL 33129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2091699

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSSO, FRANKA
1990 BRICKELL AVENUE
SUITE O
MIAMI, FL 33129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **HENAO, ANITA**
 STREET ADDRESS **1990 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **V** Delete
 NAME **VERDEJA, ISABEL**
 STREET ADDRESS **1990 BRICKELL AVE.**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **ST** Delete
 NAME **POSSO, FRANKA**
 STREET ADDRESS **1990 BRICKELL AVE., #O**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **GIGNOLA, FLOREZ**
 STREET ADDRESS **1990 BRICKELL AVE #E**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **DE LEON, NEIL**
 STREET ADDRESS **1990 BRICKELL AVE F**
 CITY-ST-ZIP **MIAMI, FL 33129**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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 617, 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: _____

[Handwritten Signature]

[Handwritten Date: April 5th 2006]

[Handwritten Phone Number: (305) 374-5494]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #