

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727915

FILED
Apr 07, 2009
Secretary of State

Entity Name: BRICKELL FOUNTAINS, INC.

Current Principal Place of Business:

1990 BRICKELL AVENUE
C/O FRANKA POSSO, UNIT O
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1990 BRICKELL AVENUE
C/O FRANKA POSSO, UNIT O
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-2091699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: DELEON, NEIL
Address: 1990 BRICKELL AVE., # F
City-St-Zip: MIAMI, FL 33129

Title: V, D () Delete
Name: VERDEJA, ISABEL
Address: 1990 BRICKELL AVE., # K
City-St-Zip: MIAMI, FL 33129

Title: STD () Delete
Name: WAGLE, SONIA
Address: 1990 BRICKELL AVE., # P
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: GIGNOLA, FLOREZ
Address: 1990 BRICKELL AVE., # E
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: DIAZ, XIMENA
Address: 1990 BRICKELL AVE., # L
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL A. DELEON

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date