

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90225 049 \*\*\*150.00

**DOCUMENT # F71936**

**1. Entity Name**  
**BRICKELL GROUP, INC.**



**Principal Place of Business**

**1250 SAN REMO AVE.**  
**CORAL GABLES, FL 33146**

**Mailing Address**

**1250 SAN REMO AVE.**  
**CORAL GABLES, FL 33146**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-2179702**

**Applied For**

**Nct Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DE PALLI, MARCIA RODRIGUEZ**  
**1250 SAN REMO AVE.**  
**CORAL GABLES, FL 33146**

**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**

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

(NOTE: Registered Agent signature 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 DIRECTORS**

<b>TITLE</b>	<b>PV</b>
<b>NAME</b>	<b>RODRIGUEZ, RODOLFO</b>
<b>STREET ADDRESS</b>	<b>2025 BRICKELL AVE #1205 / 1250 San Remo Ave</b>
<b>CITY - ST - ZIP</b>	<b>BRICKELL, FL 33129 / Coral Gables, FL 33146</b>
<b>TITLE</b>	<b>VST</b>
<b>NAME</b>	<b>DEPALLI, MARCIA</b>
<b>STREET ADDRESS</b>	<b>1250 SAN REMO AVE.</b>
<b>CITY - ST - ZIP</b>	<b>CORAL GABLES, FL 33146</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>MIRAND, RODOLFO R</b>
<b>STREET ADDRESS</b>	<b>2025 BRICKELL AVENUE, APT-1206 / 1250 San Remo Ave</b>
<b>CITY - ST - ZIP</b>	<b>BRICKELL, FL 33129 / Coral Gables, FL 33146</b>
<b>TITLE</b>	<b>V</b>
<b>NAME</b>	<b>RODRIGUEZ, MARTHA</b>
<b>STREET ADDRESS</b>	<b>2025 BRICKELL AVE #1206 / 1250 San Remo Ave</b>
<b>CITY - ST - ZIP</b>	<b>BRICKELL, FL 33129 / Coral Gables, FL 33146</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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: MARCIA DEPALLI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/04**

Date

Daytime Phone #