2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR KRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 08, 2006 8:00 am Secretary of State DOCUMENT # F93000004191 1. Entity Name 05-08-2006 90280 029 ***150.00 BRICKELL EQUITIES CORPORATION LIMITED Principal Place of Business Mailing Address 1221 BRICKELL AVE., SUITE 1510 1221 BRICKELL AVE., SUITE 1510 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0435267 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ___6. Name and Address of Current Registered Agent_ Name BRICKEY, JIM Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE., SUITE 1510 MIAMI FL 33131 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition NAME LUALDI, GIUSEPPINA NAME STREET ADDRESS VIA ADAMINI 10-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CH-6901 LUGANO, SWITZERLAND ШΕ Delete. TITLE ☐ Change Addition MAY, REBECCA STREET ADDRESS STREET ADDRESS 1221 BRICKELL AVE., SUITE 1510 CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP 1 Change Delete TITLE ☐ Addition NAME ROSENBLOOM, ALLAN M NAME STREET ADDRESS STREET ADDRESS 1221 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME KAMINSKI, AMOS NAME 1221 BRICKELL AVE., SUITE 1510 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP VILE JOES DENT & SECRE TARY ☐ Addition ☐ Defete TITLE FRANKEL, SHERRY FRANKEL, SHERRY NAMÉ NAME 1221 BRICKELL AVE, SHITE 1510 1221 BRICKELL AVE., SUITE 1510 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP MiAnus, FL 33/31 CITY-ST-ZIP ☐ Delete DIRECTOR Addition SALADINO, ANTONIO NAME NAME VIA ADAMINI 10A STREET ADDRESS STREET ADDRESS Lugaro, SWITZERLAND CITY-ST-ZIP CITY-ST-ZIP CH-6901 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 truetee 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.

FILED