


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-19-2004 90008 017 \*\*\*150.00

<b>DOCUMENT # H76217</b>			
1. Entity Name <b>BRICKS MANAGEMENT AND REAL ESTATE DEVELOPMENT, INC.</b>			
Principal Place of Business <b>1218 W FLETCHER AVE TAMPA FL 33612-3365</b>		Mailing Address <b>PO BOX 272670 TAMPA FL 33688</b>	
2. Principal Place of Business <b>11723-A N. Armenia Ave</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Tampa FL</b>		City & State	
Zip <b>33612</b>	Country <b>Hillsborough</b>	Zip	Country
4. FEI Number <b>59-2592964</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>GOZA AND HALL, P.A. BY DONALD R. HALL, PRESIDENT 28050 U.S. HWY 19 NORTH, SUITE CLEARWATER FL 33761</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KARMI, NABIL 1218 W FLETCHER AVE TAMPA FL 33612-3365 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Antoun Youssef Helal PO Box 3321 Abu Dhabi, Hazza Bin Zayed St, Al Wahda Office Bldg United Arab Emirates <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(b), 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:**  **Antoun Youssef Helal** **4-17-04 813-932-7500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**RECEIVED**