

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K30116

1. Entity Name
BRICKELL BAY INSURANCE, INC.



Principal Place of Business

**300 S.W. 107TH AVE. #210
MIAMI, FL 33174**

Mailing Address

**300 S.W. 107TH AVE. #210
MIAMI, FL 33174**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEE Number
65-0065508

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, ERNESTO
300 SW 107 AVE.
SUITE #210
MIAMI, FL 33174**

**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 fee, if applicable

(If the registered agent is a corporation, it must be a resident of Florida)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MARTINEZ, ERNESTO R., JR.
STREET ADDRESS	300 SW 107 AVE., STE 210
CITY-STATE-ZIP	MIAMI, FL 33174
TITLE	PD
NAME	MARTINEZ, ERNESTO SR
STREET ADDRESS	300 SW 107 AVE., STE 210
CITY-STATE-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000254665
03/07/05-80084-009 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/05 305220796/

Date

Daytime Phone #