2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K30116

1. Entity Name
BRICKELL BAY INSURANCE, INC.

Principal Place of Business	Mailing Address
300 S.W. 107TH AVE. #210 MIAMI, FL 33174	300 S.W. 107TH AVE. #210 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

04012008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0065508	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

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000883439
04/17/08-80003-024 150.00

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

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4/03/08   305-220-1961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #