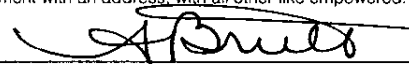


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90031 029 ***150.00

DOCUMENT # K65434					
1. Entity Name BRIELE & ECHEVERRIA, P.A.					
Principal Place of Business 2701 LE JEUNE RD S300 CORAL GABLES, FL 33134 US			Mailing Address 2701 LE JEUNE RD S300 CORAL GABLES, FL 33134 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0173530	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE OLIVEIRA, CRISTINA 2701 LE JEUNE ROAD SUITE 350 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIELE, AIDA E. ☐ Delete 1233 ANASTASIA AVE. CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIELE, ROBERT ☐ Delete 1233 ANASTASIA AVE. CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACEDA, JESUS ☐ Delete 2122 SW 124TH PL MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD ECHEVERRIA, ELSA B ☐ Delete 829 TANGIER ST. MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maceda, Jesus ☒ Change ☐ Addition 5333 Collins Avenue - PH-8 Miami Beach, Fl 33140				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: 			2/3/06 305 443-5768		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		