

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K65434

**FILED
Jan 14, 2009
Secretary of State**

Entity Name: BRIELE & ECHEVERRIA, P.A.

Current Principal Place of Business:

220 MIRACLE MILE
S203
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

220 MIRACLE MILE
S203
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0173530 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRIELE, AIDA E CPA
220 MIRACLE MILE
STE 203
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRIELE, AIDA E.,
Address: 1233 ANASTASIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: BRIELE, ROBERT,
Address: 1233 ANASTASIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: MACEDA, JESUS
Address: 5333 COLLINS AVE PH 8
City-St-Zip: MIAMI BEACH, FL 33140

Title: SVPD () Delete
Name: BROUWER, ELSA B
Address: 829 TANGIER ST.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA E. BRIELE

PD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date