

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000027197</b>					
<b>1. Entity Name</b> BRICKELL GRAND, INC.					
<b>Principal Place of Business</b> 2601 SOUTH BAYSHORE DRIVE SUITE 1000 MIAMI, FL 33133			<b>Mailing Address</b> 2601 SOUTH BAYSHORE DRIVE SUITE 1000 MIAMI, FL 33133		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01122008    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 65-0999527				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of Now Registered Agent</b>		
INTRASTATE REGISTERED AGENT CORP. 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when certifying)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMELLO, WILLY A 2601 SOUTH BAYSHORE DRIVE, SUITE 1000 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJAMIL, LUIS 2601 SOUTH BAYSHORE DRIVE, SUITE 1000 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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 another like empowered.</b>			U000000497454 04/22/06-80056-002 150.00		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ <small>Daytime Phone #</small>		