


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 021 ***150.00

DOCUMENT # P00000084835					
1. Entity Name BRISA TROPICAL, INC.					
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131			Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131		
2. Principal Place of Business C/O ROBERT ALLEN LAW Suite, Apt. #, etc. 1441 BRICKELL AVE. SUITE #1014 City & State MIAMI, FL Zip 33131		3. Mailing Address C/O ROBERT ALLEN LAW Suite, Apt. #, etc. 1441 BRICKELL AVE. SUITE 1014 City & State MIAMI FL Zip 33131			
Country		Country		04192004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1041534				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>ROBERT ALLEN LAW</u> Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE. SUITE 1014 City <u>MIAMI</u> <u>FL</u> Zip Code <u>33131</u>		
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 <u>[Signature]</u> By: <u>Robert N. Allen Jr. President</u> DATE <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DE DAVILLA, OLGA 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD DE DAVILLA, OLGA 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR 601 BRICKELL KEY DRIVE, STE. 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N. JR. 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <u>Robert N. Allen, Jr.</u> <u>4/29/04</u> <u>305-372-3360</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					