



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 020 ***150.00

DOCUMENT # P00000084835 1. Entity Name BRISA TROPICAL, INC.					
Principal Place of Business C/O ALLEN & GALEGO 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131			Mailing Address C/O ALLEN & GALEGO 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE Suite, Apt. #, etc. 1400		3. Mailing Address 1441 BRICKELL AVE Suite, Apt. #, etc. 1400			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1041534	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE City SUITE 1400 MIAMI FL Zip Code 33131	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTSD NAME DE DAVILLA, OLGA STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE PTSD NAME De Davilla, Olga STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SS NAME ALLEN, ROBERT N JR STREET ADDRESS 1441 BRICKELL AVE STE 1014 CITY-ST-ZIP MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE SS NAME Bonavita, Umberto STREET ADDRESS 1441 Brickell Avenue Ste 1400 CITY-ST-ZIP Miami, FL 33131	<input checked="" 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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			_____ Date: 4/27/05 Daytime Phone #: 305-372-3300		