2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # P02000104606** 03-19-2004 90052 043 ***150.00 BRICKELL COURTS INVESTMENTS, INC. Principal Place of Business Mailing Address 94032558 520 BRICKELL KEY DR STE 0-305 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 56-2298832 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Trainsalobal corporate Administration. LC TRANSGLOBAL CORPORATE ADMINISTRATION, INC. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131 Brickell key brive suite 0-305 8. The above named entity submits his ose 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 Signature, typed or printed name of regist (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WANDEL, DARIUSZ NAME NAME STREET ADDRESS 520 BRICKELL KEY DR STE 0-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Defete ☐ Change TITLE ■ Addition STANHAM, NICHOLAS NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE STE, 0-350 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7IF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Stanham 1-22-04

Micholas

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #