

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131703

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** BRICKELL BAY ENTERTAINMENT AND DEVELOPMENT COMPANY

**Current Principal Place of Business:**

801 BRICKELL BAY DRIVE  
470  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

801 BRICKELL BAY DRIVE  
470  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 57-1154213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARROSO PINO, JUAN A P  
801 BRICKELL BAY DRIVE  
SUITE 470  
MIAMI, FL 33131 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 (X).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARROSO PINO, JUAN A  
Address: 801 BRICKELL BAY DRIVE SUITE 470  
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Delete  
Name: SAMOLE, SUSAN  
Address: 235 N. HIBISCUS DR.  
City-St-Zip: MIAMI BCH, FL 33139

Title: TS (X) Delete  
Name: SAMOLE, YALE  
Address: 235 N. HIBISCUS DR.  
City-St-Zip: MIAMI BCH, FL 33139

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUAN A BARROSO PINO

P

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date