


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90252 034 \*\*\*150.00

**DOCUMENT # P03000004939**

1. Entity Name  
**BRICKELL 3006 CORP.**



Principal Place of Business  
**2100 W 76 ST STE 401  
 HIALEAH, FL 33016**

Mailing Address  
**2100 W 76 ST STE 401  
 HIALEAH, FL 33016**

**94072742**

2. Principal Place of Business  
**17140 Arvida Parkway**

3. Mailing Address  
**17140 Arvida Parkway**

Suite, Apt. #, etc.  
**4**



04222004 Chg-P CR2E034 (10/03)

City & State  
**WESTON, Florida**

City & State  
**WESTON, Florida**

Zip  
**33326** Country  
**USA**

Zip  
**33326** Country  
**USA**

4. FEI Number  
**Applied for**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTNOY, JOSE**  
**2100 W 76 ST STE 401**  
**HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name  
**Leslie J. Freedman**

Street Address (P.O. Box Number is Not Acceptable)  
**17140 Arvida Parkway, Suite 4**

City  
**WESTON** FL Zip Code  
**33326**

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 *Leslie J. Freedman* DATE **4/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PTD LIFSCHITZ, EDUARDO J 2100 W 76 ST STE 401 HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17140 Arvida Parkway, Suite 4</b> <b>WESTON, FL 33326</b>
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: *[Signature]* DATE: **April 24<sup>th</sup> 2004** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR