

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90835 032 ***150.00

DOCUMENT # P03000020763			
1. Entity Name AMG BRICKELL, INC.			
Principal Place of Business 600 BRICKELL AVE SUITE G-H MIAMI, FL 33133 US		Mailing Address 600 BRICKELL AVE SUITE G-H MIAMI, FL 33133 US	
2. Principal Place of Business - No P.O. Box # 12864 BISC BLVD		3. Mailing Address 12864 BISC BLVD	
Suite, Apt. #, etc. 194		Suite, Apt. #, etc. 194	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33181		Country USA	
4. FEI Number 04-3746111		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILIAN, ROBERT H II 600 BRICKELL AVE SUITE G-H MIAMI, FL 33133 12864 BISC BLVD SUITE 194 MIAMI FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 '07	
TITLE NAME STREET ADDRESS CITY ST ZIP	PRES KILIAN, ROBERT H II 600 BRICKELL AVE SUITE G-H MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY ST ZIP	12864 BISC BLVD SUITE 194 MIAMI FL 33181
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		ROBERT H. KILIAN II	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-27-07 Time: 954-335-0390	