


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038977		
1. Entity Name BRICKELL FINANCIAL & ASSOCIATES, INC.		

FILED  
04 AUG 31 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 825 BRICKELL BAY DRIVE TOWER 3 - #446 MIAMI, FL 33131	Mailing Address 825 BRICKELL BAY DRIVE TOWER 3 - #446 MIAMI, FL 33131
--	--



2. Principal Place of Business 1155 Lake Shore Drive	3. Mailing Address SAME
---	----------------------------

08302004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. # 202	Suite, Apt. #, etc.
------------------------------	---------------------

City & State LAKE PARK, FL	City & State
-------------------------------	--------------

4. FEI Number 050564043	Applied For Not Applicable
----------------------------	-------------------------------

Zip 33403	Country Palm Beach	Zip	Country
--------------	-----------------------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  ALVAREZ, JOSE E 3611 SW 138 AVE. MIAMI, FL 33175	
---	--

7. Name and Address of New Registered Agent Name Jose Alvarez Street Address (P.O. Box Number is Not Acceptable) 1155 Lake Shore Drive #202 City LAKE PARK FL Zip Code 33403	
--	--

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, JOSE E 3611 SW 138 AVE. MIAMI, FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PUPO, HECTOR 14875 SOUTHWEST 45 COURT MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, JOSE 3611 SW 138 AVE. MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PUPO, HECTOR 3611 SW 138 AVE. MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

900041098249  
09/15/04--01032--004 \*\*150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #