


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

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.

08302004 Chg-P CR2E034 (10/03)

City & State
LAKE PARK, FL

City & State

4. FEI Number
050564043

Applied For
 Not Applicable

Zip
33403

Country
PAIM Beach

Zip

Country

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

6. Name and Address of Current Registered Agent

**ALVAREZ, JOSE E
 3611 SW 138 AVE.
 MIAMI, FL 33175**

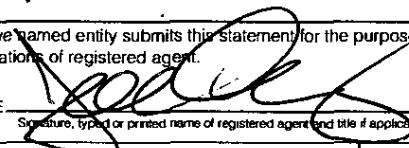
7. Name and Address of New Registered Agent

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 

Signature, typed or printed name of registered agent and title if applicable. (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
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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 # 