2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038977 1. Entity Name BRICKELL FINANCIAL & ASSOCIATES, INC.				FILED					
					05 N	AR 14	周 11: 25)	
Principal Place of Susiness 1155 LAKE SHORE DRIVE	Mailing Address 1155 LAKE SMORE DRIV	E			SECRE TALLAI		ATE (O.D.)		
#202 LAKE PARM, FL 33403	LAKE PARK, FL 33403	1 1 0							
Suite, Apt. #, etc. # 172 Suite, Apt. #, etc. # 172				1 1920 MED 161 BERNER HINT BERNE BERNE BERNER WAR 1940 MED 1940 ME					
Palm Blach Gardens . Fl Palm blach Gardens				4. FEI Numb		Applied For Not Applicable			
33410 Country	^{zip} 33410	Country			e of Status Desire		\$8.75 Add Fee Require		
1100 CARE OFFICE DIVINE THE STATE OF THE STA				7. Name and Address of New Registered Agent DEY A VAREZ Idress (P.O. Box Number is Not Acceptable)					
LAKE PARK, FL 33403			371 Northlake Blvd #172						
		city Pa	lm	Beach	6Alde	77.3	L Zip Cog	3410	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its re	egistered office or i	egistered	d agent, or bo	oth, in the State o	f Florida. I a	ım familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent	and title if Esplicable. (NOTE:	Registered Agent signatur	e required w	hen reinstating)		DAT			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contril		\$5.0 Added	O May Be to Fees					
10. OFFICERS AND	/	11.	De		CHANGES TO	OFFICERS A			
NAME PD ALVAREZ, JOSE E	Delete	TITLE NAME	PS JOE	y Alv	AREZ		Change	☐ Addition	
STREET ADDRESS 3611 SW 138 AVE. CITY-ST-ZIP MIAMI, FL 33175		STREET ADDRESS CITY-ST-ZIP	437 Dali	II NOE M Bea	AREZ thlake Ich Garc	blud ‡ lens .	* 172 F1 33	3410	
TITLE NAME	☐ Delete	TITLE NAME			1	·	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP							
ITILE	☐ Delete	TITLE			ood a		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		03/2	- 0004 24/0501	90501	r4.54 38 **150	0.00	
TITLE NAME	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
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TITLE NAME	☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	☐ Delete	TITLE NAME				_ 	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee print changed, or on an attachment with an address.	h this filing does not qualify for is true and accurate and that mowered to execute this report a with all other like empowered.		ed in Sective the section of the sec	tion 119.07(3 ame legal effe Florida Statu	i)(i), Florida Statu ect as if made un tes; and that my	tes. I further der oath; the name appea	certify that the int I am an officer us in Block 10 o	nformation or director r Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR			Dete		Daytime Phone #		
Summittee of the Control of the Cont							eryano i lance		