## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 09, 2005 8:00 am **Secretary of State** DOCUMENT # P03000074228 1. Entity Name 03-09-2005 90033 029 \*\*\*150.00 BRICKELL RARE COINS, INC. Principal Place of Business Mailing Address 808 BRICKELL KEY DR. 808 BRICKELL KEY DR. #3605 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address 808 Brickell Key 808 Brickell Key Dr. #3600 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 35-2209806 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRUITT, JIM D Street Address (P.O. Box Number is Not Acceptable) 808 BRICKELL KEY DRI #3605 MIAMI FL 33131 City Zip Code 8. The above named antity 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** TITLE ☐ Delete ☐ Change ☐ Addition NAME PRUITT, JIM D NAME 808 BRICKELL KEY DR. #3605 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-7IP D JULE ☐ Delete TITLE ☐ Change ☐ Addition HAME PRUITT, JIM D NAME 808 BRICKELL KEY DR. #3605 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED