2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 09, 2006 08:00 AN DOCUMENT # P03000074228 1. Entity Name **Secretary of State** 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 Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 35-2209806 Not Applicat Zip Country ZiD Country \$8.75 Additional 5. Certificate of Status Desired 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 DR. #3605 **MIAMI FL 33131** City Zio 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 access 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Defete TITLE Change DAIL NAME PRUITT, JIM D NAME STREET ADDRESS 808 BRICKELL KEY DR. #3605 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY - ST-ZIP U00000425963 U2/2U/U6-8U024-0161d50-00-24/ TITLE D ☐ Delete NAME PRUITT, JIM D MAME STREET ADDRESS 808 BRICKELL KEY DR. #3605 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change A.i. NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change TIA: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE ☐ Delete TITLE □ A Change NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST-ZIP TITLE ☐ Delete THEF Change □ A NAME 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 exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

D. PruitT