


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90454 032 \*\*\*158.75

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P03000139580</b><br>1. Entity Name<br><b>BRICKELL INVESTMENTS INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>701 BRICKELL AVE STE 1480<br/>MIAMI, FL 33131</b>   |   |   | Mailing Address<br><b>701 BRICKELL AVE STE 1480<br/>MIAMI, FL 33131</b>  |   |  |
| 2. Principal Place of Business<br><b>141 NE 3rd AVE</b>   |   | 3. Mailing Address<br><b>141 NE 3rd AVE</b> |  |   |  |
| Suite, Apt. #, etc.<br><b>1100</b>  |   | Suite, Apt. #, etc.<br><b>1100</b>          |  |   |  |
| City & State<br><b>Miami FL</b>   |   | City & State<br><b>Miami FL</b>             |  | 4. FEI Number<br><b>56-2478978</b>  |  |
| Zip<br><b>33132</b>   |   | Country<br><b>U.S.</b>                      |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TRUJILLO, JUAN J<br/>701 BRICKELL AVE STE 1480<br/>MIAMI, FL 33131</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>JUAN DIEGO CALLE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>141 NE 3rd AVE SUITE 1100</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33132</b> |   |  |
| 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.<br>SIGNATURE <i>Juan D. Calle</i> <b>Juan D. Calle</b> DATE <b>4/8/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>CALLE, JENARO <input type="checkbox"/> Delete<br>701 BRICKELL AVE STE 1480<br>MIAMI, FL 33131 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>CALLE, JENARO<br>141 NE 3rd AVE SUITE 1100<br>MIAMI FL 33132               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD <input type="checkbox"/> Delete<br>CALLE, ANA M<br>701 BRICKELL AVE STE 1480<br>MIAMI, FL 33131  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD AND TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>CALLE, ANA M.<br>141 NE 3rd AVE SUITE 1100<br>MIAMI FL 33132 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD <input type="checkbox"/> Delete<br>CALLE, ROSA H<br>701 BRICKELL AVE STE 1480<br>MIAMI, FL 33131 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>CALLE, ROSA H.<br>141 NE 3rd AVE SUITE 1100<br>MIAMI FL 33132              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 <i>Jenaro Calle</i> <b>JENARO CALLE</b>   |   |   | DATE <b>4/8/04</b> DAYTIME PHONE # <b>305.372.0075</b>   |   |  |