2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# P04000014396

Entity Name: R. BRICK ASSOCIATED, INC.

Current Principal Place of Business:

4757 CASON COVE DR #1902
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4757 CASON COVE DR #1902
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-1106886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATISTA, RENATO
4757 CASON COVE DR #1902
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BATISTA, ATOS R
4757 CASON COVE DR #1902
ORLANDO, FL 32811 US

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.

SIGNATURE: ATOS ROMUALDO BATISTA 03/02/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BATISTA, RENATO
Address: 4757 CASON COVE DR #1902
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Delete
Name: BATISTA, ATOS R
Address: 4757 CASON COVE DR #1902
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Delete
Name: ORDONEZ, JOAQUIN A
Address: 4757 CASON COVE DR #1902
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BATISTA, ATOS R
Address: 4757 CASON COVE DR #1902
City-St-Zip: ORLANDO, FL 32811

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATOS ROMUALDO BATISTA PRES 03/02/2005
Electronic Signature of Signing Officer or Director Date