

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018256

Entity Name: BRITO + CHALGUB, INC.

FILED  
Jun 30, 2005  
Secretary of State

## Current Principal Place of Business:

2701 SOUTH BAYSHORE DR STE 300  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

2701 SOUTH BAYSHORE DR  
SUITE 300  
COCONUT GROVE, FL 33133

## Current Mailing Address:

2701 SOUTH BAYSHORE DR STE 300  
COCONUT GROVE, FL 33133

## New Mailing Address:

2701 SOUTH BAYSHORE DR  
SUITE 300  
COCONUT GROVE, FL 33133

FEI Number: 20-0658783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLUM, SAMUEL SPENCER  
2666 TIGERTAIL AVE STE 106  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRITO, HERIBERTO J  
Address: 2701 SOUTH BAYSHORE DR STE 300  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: CHALGUB, MARIA MATILDE  
Address: 2701 SOUTH BAYSHORE DR STE 300  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA MATILDE CHALGUB

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date