

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027029

Entity Name: FIRST BRICKELL GAL INC

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

1265 NW 140 TERRACE  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

## Current Mailing Address:

CCS 15286, 4440 NW 73RD AVENUE  
MIAMI, FL 33166

## New Mailing Address:

1265 NW 140TH TERRACE  
PEMBROKE PINES, FL 33028

FEI Number: 56-2465464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARTILES, OSWALDO  
1265 NW 140 TERRACE  
PEMBROKE PINES, FL 33028 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARTILES, OSWALDO  
Address: 1265 NW 140 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: PADRON, YACORINA  
Address: 1265 NW 140 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SECR ( ) Delete  
Name: GENOVA, MIGUEL  
Address: 1265 NW 140 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TRES ( ) Delete  
Name: LAYDERA, IVIA  
Address: 1265 NW 140 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: OSWALDO ARTILES

P

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date