## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # P04000028411  1. Entity Name TRG-BRICKELL CITY, INC.					04-20-2005 90311 049 ***158.75			
Principal Place of Business  2828 CORAL WAY PENTHOUSE SUITE  MIAMI, FL 33145  Mailing Address  2828 CORAL WAY PEN  MIAMI, FL 33145			NTHOUSE	SUITE			AND APPLICATE TO SERVICE AND A	
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe	2168914	\ <del></del>	pplied For ot Applicable
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	S8.75 Ad Fee Require	lditional ed
	6. Name and Address of Curren	t Registered Agent		Name!   6 o	7. Name and	Address of New Re	egistered Agent	·
CORPDIRE	CT AGENTS, INC.		Street Address (B.O. Box Number is Not Acceptable) O. 1.4					
TALLAHASSEE, FL 32301				2828	COKAL	WAY -	447	_
				City Mi Mi	Mi		FL Zip Co	345
	named entity submits this statement ons of registered agent.	for the purpose of changing it	s registere	ed office or registe	red agent, or bot	h, in the State of Flo		, and accept
SIGNATURE Signature, typed or printed name of registered agent of title if applicable.  ANGEL HERNANDEZ  NOTE THE STORY OF A STORY OF THE STORY OF T								
FILE After Ma	NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Cor	aign Finan	**************************************	.00 May Be led to Fees			
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete _		ET ADDRESS Z8	CHA RO 28 COR AMI FI	BERTO ALWAY L 33145	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS 2.8	RNANDS	Z, ANGE AL WAY- L 3311	Change  Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		F PE		DRGEM RALWAY FL 331	Change	<b>X</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		N . •	LEN, 1 828 CO 1 AMI F	1 ATT RALWA FL 33/1	y-PH1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· I	•		. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			☐ Change	Addition .
12. I hereby ce	ertify that the information supplied with this report or supplemental report	th this filing does not qualify for	or the exer	mption stated in Se	ection 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 is changed, or on an attachment with an address, with all other like empowered.

ANGEL HERNANDEZ

SIGNATURE:

Cliff form

VICE-PRESIDENT

3/17/05

(305)4609900

Daytime Phone (