

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90010 022 ***150.00

DOCUMENT # P04000112233

1. Entity Name
BRICAN AMERICA INC.



Principal Place of Business
**5301 BLUE LAGOON DRIVE
SUITE 520
MIAMI, FL 33126**

Mailing Address
**5301 BLUE LAGOON DRIVE
SUITE 520
MIAMI, FL 33126**

40030655



2. Principal Place of Business - No P.O. Box #
5301 BLUE LAGOON DR.

3. Mailing Address
SAME.

Suite, Apt. #, etc.
520

Suite, Apt. #, etc.

03052007 Chg-P CR2E034 (12/06)

City & State
Miami FL.

City & State

4. FEI Number
98-0433443

Applied For
Not Applicable

Zip
33126

Country
Miami-DADE

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VINCENS, JEFF
5301 BLUE LAGOON DRIVE
SUITE 520
MIAMI, FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLDSTEIN, LAURENT
13071 VANIER PL SUITE 230
RICHMOND BC, CANADA, BC V6V2J1** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Raymond J. Briscoe
15340 SW 78th Pl.
Palmetto Bay FL 33157** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VINCENS, JEFF
1545 RN 7 MARINA 7
06270 VILLENEUVE LOUBET, FR, FR 06270** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEMACON, JACQUES
2260 PLANTATION
ST-LAZARE, QC, CANADA, QC J7T3E4** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Vincens

3/5/07

Date

(786) 388-6995

Daytime Phone #