

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123119

Entity Name: HECTOR BRICK, CORP

FILED  
Mar 24, 2006  
Secretary of State

**Current Principal Place of Business:**

637 NW 1 STREET  
MIAMI, FL 33128 US

**New Principal Place of Business:**

2128 NW 43RD STREET  
MIAMI, FL 33142 US

**Current Mailing Address:**

637 NW 1 STREET  
MIAMI, FL 33128 US

**New Mailing Address:**

2128 NW 43RD STREET  
MIAMI, FL 33142 US

FEI Number: 20-1546936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUNOZ, HECTOR E  
637 NW 1 STREET  
MIAMI, FL 33128 US

**Name and Address of New Registered Agent:**

MUNOZ, HECTOR E  
2128 NW 43RD STREET  
MIAMI, FL 33142 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: HECTOR MUNOZ

03/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MUNOZ, HECTOR E  
Address: 637 NW 1 STREET  
City-St-Zip: MIAMI, FL 33128 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MUNOZ, HECTOR E  
Address: 2128 NW 43RD STREET  
City-St-Zip: MIAMI, FL 33142 US

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: HECTOR MUNOZ

P

03/24/2006

Electronic Signature of Signing Officer or Director

Date