

Sent By: ;

3054441742;

APR

FILED
May 13, 2005 8:00 am
Secretary of State

04-14-2005 90094 045 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000157855			
1. Entity Name BRIONES INVESTMENTS, INC.			
Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Date 04082005		Chg-P CR25034 (10/03)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Applied For ☒ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 date of signature (04/08/2005) Registered Agent signature required when filing			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$8.00 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	☐ Delete D FERRAEZ, CARLOS JAVIER C/O 901 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	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
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 was true and accurate as of the date of filing. I further certify that the information of the corporation or the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 of this report. If it is changed, or on an attachment with an address, with all copies are empowered.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date 4/6/05 444-1741 Signature There is	