


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 3:13

DOCUMENT # P05000093053	
1. Entity Name BRICKELL 1110-6, CORP.	

Principal Place of Business 299 W NASHTA DR KEY BISCAINE, FL 33149	Mailing Address 299 W NASHTA DR KEY BISCAINE, FL 33149
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REINSTATEMENT 06



05222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 520 Brickell Key Drive Suite, Apt. #, etc. 0-305 City & State miami FL Zip 33131 Country USA	3. Mailing Address 520 Brickell Key Drive Suite, Apt. #, etc. 0-305 City & State miami FL Zip 33131 Country USA
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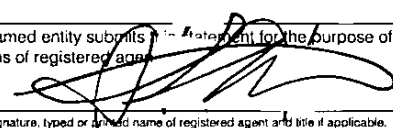
4. FEI Number 20-5737700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SLODARZ, MONICA 999 BRICKELL AVE SUITE 500 KEY BISCAINE, FL 33149
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7. Name and Address of New Registered Agent Name Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive - Suite - 0-305 City miami FL Zip Code 33131

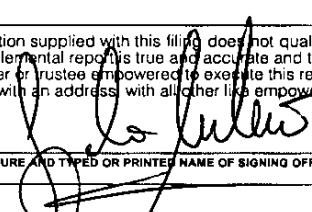
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Hildie Aristondo 10/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVENDANO, GONZALO 299 W NASHTA DR KEY BISCAINE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081577682 11/07/06--01016--023 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIRPO, EDUARDO 299 W NASHTA DR KEY BISCAINE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Gonzalo Avendaño 5-22-06 305-3743800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #