


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 002 ***150.00

DOCUMENT # P06000021055

1. Entity Name
BRICKELL BAY FINANCIAL CO.



Principal Place of Business Mailing Address

600 BRICKELL AVENUE **600 BRICKELL AVENUE**
200C **200C**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1 S.E. 3rd Ave **1 S.E. 3rd Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1450 **Suite 1450**

City & State City & State

Miami FL **Miami, FL**

Zip Zip Country

33131 **33131** **USA**

6. Name and Address of Current Registered Agent

REED, IRENE B
600 BRICKELL AVENUE
200C
MIAMI, FL 33131

40122596



07022007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

01-0856965 Not Applicable

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

7. Name and Address of New Registered Agent

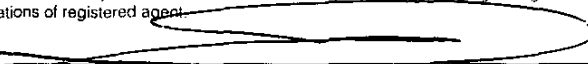
Name **Reed Irene**

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

1 S.E. 3rd Ave
Suite 1450

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:  DATE: **06/29/07**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VVP	REED, IRENE B	600 BRICKELL AVENUE, SUITE 200C	MIAMI, FL 33131	<input type="checkbox"/>
S/T	REED, IRENE B	600 BRICKELL AVENUE, SUITE 200C	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Reed, Irene B	1 S.E. 3 rd Ave, Suite 1450	Miami, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Araujo, Susana	1 S.E. 3 rd Ave, Suite 1450	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **06/29/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #