

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000055672**

1. Entity Name  
BRICK-HOUSE RECORDS, CO.



FILED

07 AUG 24 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
13971 SW 159TH TER  
MIAMI, FL 33175

Mailing Address  
13971 SW 159TH TER  
MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #  
8879 SW 131 ST Court  
Suite, Apt. #, etc.  
Unit 210  
City & State  
MIAMI FL  
Zip  
33186  
Country  
USA

3. Mailing Address  
(Same)  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

07102007 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
DAVILA, ALBERTO A  
13971 SW 159TH TER  
MIAMI, FL 33175

7. Name and Address of New Registered Agent  
Name ADDRESS change only  
Street Address (P.O. Box Number is Not Acceptable)  
8879 SW 131 ST Court  
Unit 210 Miami FL 33186  
City MIAMI FL Zip Code 33186

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 reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVILA, ALBERTO A 13971 SW 159TH TER MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address change only 8879 SW 131 ST Court Unit 210 Miami FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE: S NAME STREET ADDRESS CITY-ST-ZIP	Jorge DAVILA Miquel 8879 SW 131 ST. Court Unit 210 Miami FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300108880943 08/21/07--01010--005 \$150.00 <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
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: \_\_\_\_\_ (Secretary) 08/22/07 3053829690  
Signature and Title of Registered Agent or Director Date Daytime Phone #