

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90154 017 ***150.00



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1. Entity Name
BRICKELL BAY INVESTMENT CORPORATION

Principal Place of Business **Mailing Address**
~~801 BRICKELL AVE., 905~~ ~~801 BRICKELL AVE., 905~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~
US **US**

2. Principal Place of Business **3. Mailing Address**
1221 Brickell Avenue **same as #2**

Suite, Apt. #, etc. Suite, Apt. #, etc.
2650

City & State **City & State**
Miami, Florida

Zip **Country** **Zip** **Country**
33131 **USA**

4. FEI Number **Applied For**
65-0523045 **Not Applicable**

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

6. Name and Address of Current Registered Agent
~~DORTA, HUGO E P.A.~~
~~801 BRICKELL AVENUE~~
~~SUITE 905~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent
Name
HUGO E DORTA
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Avenue, Suite 2650
City **FL** **Zip Code**
Miami, **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 _____ **04/28/2004**
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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME DORTA, HUGO E	
STREET ADDRESS 801 BRICKELL AVENUE SUITE 905	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGO E DORTA	
STREET ADDRESS 1221 Brickell Avenue, Suite 2650	
CITY-ST-ZIP Miami, Florida 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 full power like empowered.

SIGNATURE: _____ **04/28/2004** **(305) 377-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



MOORE CR2E034 (11/03)