


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000023531
 1. Entity Name
LOS ARCOS DE BRICKELL CORP.



Principal Place of Business Mailing Address
3611 N.W. SOUTH RIVER DR **PO BOX 14 3131**
MIAMI, FL 33142 **CORAL GABLES, FL 33114**



03032006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0585336 Not Applicable

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

6. Name and Address of Current Registered Agent
SAENZ, CARLOS A
999 BRICKELL BAY DRIVE
T-1-807
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

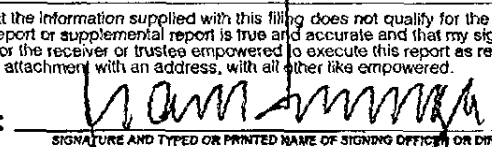
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAENZ, CARLOS A 999 BRICKELL BAY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, PATRICIA 3611 N.W. S RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, ADRIANA 600 BILTMORE WAY CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAENZ, C MICHAEL 3611 N W S RIVER DR MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/21/06-80060-024 150.00

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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:  3/6/2006 (305)633-8709

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