

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                       |                                                                                                                     |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000017094</b><br>1. Entity Name<br><b>BRICKELL REALTY &amp; MANAGEMENT CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                       |                                                                                                                     |                                                    |  |
| Principal Place of Business<br><b>2025 BRICKELL AVE, SUITE 504<br/>MIAMI FL 33129</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                       | Mailing Address<br><b>2025 BRICKELL AVE, SUITE 504<br/>MIAMI FL 33129</b>                                           |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                           |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                       | City & State                                                                                                        |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Country                               |                                                                                                                     | 4. FEI Number <b>65-0640013</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <b>\$8.75 Additional Fee Required</b> |                                                                                                                     |                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ADAMS, RICHARD J JR<br/>900 W 49TH STREET<br/>SUITE 514<br/>HIALEAH FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                       |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                       |                                                                                                                     |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                       | 9. Election Campaign Financing <b>\$5.00</b> May<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ADAMS, RICARDO<br>2025 BRICKELL AVE, SUITE 504<br>MIAMI FL 33129 |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | 1000000411782<br>02/10/06-80021-019 150.00                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |                                                                       |                                       |                                                                                                                     |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <i>Richard J. Adams, President</i> <b>01/26/06 305-285-92</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                       |                                                                                                                     |                                                                                                                                      |  |