


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90308 004 ***150.00

DOCUMENT # P97000045028

1. Entity Name
 BRICKELLEXECUTIVECENTRE,INC.




Principal Place of Business 1925 BRICKELL AVENUE SUITE D-206 MIAMI, FL 33129 US	Mailing Address 1925 BRICKELL AVENUE SUITE D-206 MIAMI, FL 33129 US
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2. Principal Place of Business Suite, Apt. #, etc.	3 Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country
Zip	Country

6. Name and Address of Current Registered Agent

BESU, ROGER P.A.
 1925 BRICKELL AVENUE
 SUITED-206
 MIAMI, FL 33129



02162004 Chg-P CR2E034(10/03)

4. FEI Number
 65-0762575

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name *MIAMI CORPORATE REGISTRY*

Street Address (P.O. Box Number is Not Acceptable)
1925 BRICKELL AVE. D206

City *MIAMI* FL Zip Code *33129*

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]* *MIAMI CORPORATE REGISTRY* DATE *4-27-04*

(Signature, typed or printed name of new registered agent and fee if applicable) (Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BESU, ROGER 1925 BRICKELL AVE., SUITED-206 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* *4-27-04* *305-844-6363*

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