

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90026 020 ***550.00

DOCUMENT # P98000042334 1. Entity Name BRICKELL MANAGEMENT SERVICES, INC.					
Principal Place of Business 1001 BRICKELL BAY DR. STE #1910 MIAMI, FL 33131			Mailing Address 1001 BRICKELL BAY DR. STE #1910 MIAMI, FL 33131		
2. Principal Place of Business 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami, FL Zip 33131			3. Mailing Address 520 Brickell Key Drive Suite, Apt. #, etc. Suite 0-305 City & State Miami, FL Zip 33131		
Country U.S.A.			Country U.S.A.		
6. Name and Address of Current Registered Agent FREEMAN, STEPHEN A. 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Transglobal Corporate Administration LLC Street Address (Rd. Box Number is Not Acceptable) 520 Brickell Key Dr. Ste 0-305 City Miami FL Zip Code 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 <u><i>Stephen A. Freeman</i></u> Stephen A. Freeman <u>7/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PINHEIRO, NELSON 1001 BRICKELL BAY DR., LOBBY LEVEL MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	777 Brickell Ave., Suite 1100 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSB PINHEIRO, NOBERTO N 1001 BRICKELL BAY DR., LOBBY LEVEL MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pinheiro, Eduardo 777 Brickell Avenue, Suite 1100 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINHEIRO, MARGIA 1001 BRICKELL BAY DR., LOBBY LEVEL MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Paulucci, Jose A. 777 Brickell Ave., Suite 1100 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUES, MARIA D 1001 BRICKELL BAY DR., LOBBY LEVEL MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cevallos, Fausto 777 Brickell Ave., Suite 1100 Miami, FL 33131	<input checked="" 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 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: <u><i>Fausto Cevallos</i></u> FAUSTO CEVALLOS <u>7/20/06</u> <u>305-BID-1222</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50023031



07192006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0854779** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent

Name **Transglobal Corporate Administration LLC**
 Street Address (Rd. Box Number is Not Acceptable) **520 Brickell Key Dr. Ste 0-305**
 City **Miami** FL Zip Code **33131**

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SIGNATURE *Stephen A. Freeman* **Stephen A. Freeman** 7/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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Due by September 6, 2006**

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SIGNATURE: *Fausto Cevallos* **FAUSTO CEVALLOS** 7/20/06 305-BID-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #