2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2006 08:00 AM DOCUMENT # P98000076491 **Secretary of State** 1. Entity Name BRICKELL & 6TH, INC. Principal Place of Business Malling Address 600 BRICKELL AVE. 600 BRICKELL AVE. SUITE 103 SUITE 103 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P 02132006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0866955 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. DO NOT WRITE 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DESVIGNE, DIDIER STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, STE. 703 CITY-ST-ZIP MIAMI, FL 33133 U00000461104 03/20/06-80037-010 150.00 TITLE NAME DESVIGNE, VALERIE STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, STE. 703 City-S1-2iP MIAMI, FL 33133 TITLE BELLOUX, JEAN-PHILIPPE NAME STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, STE. 703 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33133 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with fill-chapt like empowered.

SIGNATURE:

CHY-ST-ZIP

FITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

954-923-44

FILED