

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90242 034 \*\*\*150.00

**DOCUMENT # P98000076491**

1. Entity Name  
**BRICKELL & 6TH, INC.**



Principal Place of Business  
**600 BRICKELL AVE.  
SUITE 103  
MIAMI, FL 33131**

Mailing Address  
**600 BRICKELL AVE.  
SUITE 103  
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #  
**777 BRICKELL AVENUE**

3. Mailing Address  
**777 BRICKELL AVENUE**

Suite, Apt. #, etc.  
**STE 170**

Suite, Apt. #, etc.  
**STE 170**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33131**

Country

Zip  
**33131**

Country

04222008

Chg: P

CR2E034 (12/06)

4. FEI Number  
**65-0866955**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DR., STE. 703  
MIAMI, FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

*[Signature]*

*[Signature: Didier Desvigne]*

*[Date: 04/29/08]*

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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 **PS** ☐ Delete  
NAME **DESVIGNE, DIDIER**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, STE. 703**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **AS** ☐ Delete  
NAME **DESVIGNE, VALERIE**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, STE. 703**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **V** ☒ Delete  
NAME **BELLOUX, JEAN-PHILIPPE**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, STE. 703**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

*[Signature: Didier Desvigne]*

Date

Daytime Phone #