## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000107316

1. Entity Name

BRIZUELA & ASSOCIATES REALTORS, INC.



FILED
Mar 02, 2006 08:00 AN
Secretary of State

Principal Place of Business

201 MADEIRA AVE. CORAL GABLES, FL 33134 Mailing Address

201 MADEIRA AVE. CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0883421

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIZUELA, RAUL 201 MADEIRA AVE. CORAL GABLES, FL 33134 DO NOT WRITE
IN THIS SPACE

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 regulated when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees //00/100453982 //3/14/06-80044-002 150.00

]	1			
10. OFFICERS AND DIRECTORS				
MILE NAME STREET ADDRESS CITY-ST-ZIP	D BRIZUELA, RAUL 6940 SUNRISE DR. CORAL GABLES, FL 33133			
TITLE NAME STREET ADORESS CITY-ST-ZIP	V BRIZUELA, JAVIER 1440 BRICKELL BAY DR #601 MIAMI, FL 33131			
TITLE HAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CPY-ST-ZIP			M.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREFT ADDRESS GTY+ST-ZP		-		

12. Thereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required to 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

305-322-8986

Daytime Phone #