


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90131 005 \*\*\*150.00

DOCUMENT # P99000003142			
1. Entity Name BRICKELL PARK, INC.			
Principal Place of Business %1110 BRICKELL AVE. PH-1 MIAMI, FL 33131		Mailing Address %1110 BRICKELL AVE. PH-1 MIAMI, FL 33131	
2. Principal Place of Business 18001 Old Cutler Road		3. Mailing Address same	
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33157	Country USA	Zip	Country
6. Name and Address of Current Registered Agent SILVER, SCOTT A %1110 BRICKELL AVE. PH-1 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <u>SCOTT A. SILVER</u> c/o Silver, Garvett & Henkel, P.A. Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road - Suite 600 City <u>Miami</u> FL Zip Code <u>33157</u>	
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>SCOTT A. SILVER</u> DATE: <u>03/07/06</u> <small>(NOTE: Registered Agents signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D SILVER, SCOTT A %1110 BRICKELL AVE. PH-1 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o Silver, Garvett & Henkel, P.A. 18001 Old Cutler Road - Suite 600 Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 addressee, with all other like empowered.			
SIGNATURE: <u>SCOTT A. SILVER</u>		(Scott A. Silver, D) 03/07/06 (305)377-8802	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0886311 Applied For Not Applicable

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