


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000040375 1. Entity Name BRICKELL NORTH INVESTMENTS, INC.	
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FILED
04 SEP 23 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1475 W CYPRESS CREEK RD #202 FORT LAUDERDALE, FL 33309	Mailing Address 1475 W CYPRESS CREEK RD #202 FORT LAUDERDALE, FL 33309
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09212004 Chg-P CR2E034 (10/03)

City & State	4. FEI Number 65-0939110	Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERTZ, CLIFFORD I ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name CLIFFORD I. HERTZ, P.A. Street Address (P.O. Box Number is Not Acceptable) ONE NORTH CLEMATIS STREET SUITE 500 City WEST PALM BEACH FL Zip Code 33401
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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: *Clifford I. Hertz* DATE: 9/20/04

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, JAMES E 5882 NW 23 WAY BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 500041639655 10/06/04--01030--007 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, ANDERS U 22 HESTER RD LONDON, ENGLAND,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, KRISTINE 5882 NW 23 WAY BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARA PORRAS 1475 W. CYPRESS CREEK ROAD #202 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAND, ROBERT 1475 W. CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP/T/Ass't SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT BAND 1475 W. CYPRESS CREEK ROAD #202 FORT LAUDERDALE, FL 33309
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
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 exemption stated in Section 119.07(3)(i), 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: *James E. Goldstein* DATE: 9/20/04 954-771-6714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

James E. Goldstein, Pres.