## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000040375

BAND, ROBERT

1475 W. CYPRESS CREEK ROAD #202

FORT LAUDERDALE, FL 33309

Name:

Address:

City-St-Zip:

Entity Name: BRICKELL NORTH INVESTMENTS, INC.

FILED Apr 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1475 W CYPRESS CREEK RD #202 FORT LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 1475 W CYPRESS CREEK RD #202 FORT LAUDERDALE, FL 33309 FEI Number: 65-0939110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERTZ, CLIFFORD I P.A ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GOLDSTEIN, JAMES E Name: Name: 5882 NW 23 WAY Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCHROEDER, ANDERS U Name: 22 HESTER RD Address: Address: LONDON, ENGLAND, City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition GOLDSTEIN, DANIEL Name: Name: 1475 W CYPRESS CREEK ROAD #202 Address: Address: FORT LAUDERDALE, FL 33309 City-St-Zip: City-St-Zip: Title: VPT () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E GOLDSTEIN PD 04/20/2009