2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90075 034 ***150.00

DOCUMENT # P99000047944

1. Entity Name
BRICKELL VILLAGE LAND COMPANY

Principal Place of Business	Mailing Address
25 SE 2ND AVENUE SUITE 712 MIAMI, FL 33131 US	25 SE 2ND AVENUE SUITE 712 MIAMI, FL 33131 US

2. Principal Place of Business		3. Mailing Address	
3191 CORAL WAY		3191 CORAL WAY	
Suite, Apt. #, etc. 623		Suite, Apt. #, etc. 623	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country USA	Zip 33145	Country USA

02222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0922001 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUIMARAES, GABRIELA
~~25 SE 2ND AVE #712~~
~~MIAMI, FL 33131~~

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY
SUITE 623
City MIAMI FL Zip Code 33145

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] 02/21/06
Signature, typed or 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, 2006 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	D ☐ Delete	TITLE	SAME ☑ Change ☐ Addition
NAME	MACHADO, GILSON	NAME	SAME
STREET ADDRESS	~~C/O 25 SE 2ND AVE #712~~	STREET ADDRESS	3191 CORAL WAY, SUITE 623
CITY-ST-ZIP	~~MIAMI, FL 33131~~	CITY-ST-ZIP	MIAMI, FL, 33145
TITLE	D ☐ Delete	TITLE	SAME ☑ Change ☐ Addition
NAME	LINS NETO, JOSE TENORIO A	NAME	SAME
STREET ADDRESS	~~C/O 25 SE 2ND AVENUE #712~~	STREET ADDRESS	3191 CORAL WAY, SUITE 623
CITY-ST-ZIP	~~MIAMI, FL 33131~~	CITY-ST-ZIP	MIAMI, FL, 33145
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: [signature] 02/21/06