

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66526

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** BRICKELL INVESTMENT SERVICES, INC.

**Current Principal Place of Business:**

890 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

890 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 65-0293209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER, JAMES I  
890 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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:**

Title: PST ( ) Delete  
Name: FELSBERG, THOMAS BEN, ES  
Address: AVENIDA PAULISTA 1294-2 ANDAR  
City-St-Zip: SAO PAULO BRASIL BRAZIL, BR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: FELSBERG, THOMAS  
Address: AVENIDA PAULISTA 1294-2 ANDAR  
City-St-Zip: SAO PAULO BRASIL BRAZIL, BR

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.

**SIGNATURE:** THOMAS FELSBERG

PST

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date