

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65728

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** BRIXTON PROPERTIES, INC.

**Current Principal Place of Business:**

19500 N.E. 36 CT. TURNBERRY WAY  
UNIT 23 C  
NORTH MIAMI BEACH, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

19500 N.E. 36 CT. TURNBERRY WAY  
UNIT 23 C  
NORTH MIAMI BEACH, FL 33180 US

**New Mailing Address:**

**FEI Number:** 65-0365271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOBIN, MICHAEL S  
11900 BISCAYNE BLVD.  
SUITE 740  
MIAMI, FL 33181 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAHMANE, ALBERTO  
Address: 19500 N.E. 36 CT. TURNBERRY WAY, UNIT 23C  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VD  
Name: SACAL, ESTHER  
Address: 19500 N.E. 36 CT. TURNBERRY WAY, UNIT 23C  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: V  
Name: RAHMANE, ELIAS  
Address: 19500 N.E. 36 CT. TURNBERRY WAY, UNIT 23C  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: V  
Name: RAHMANE, CARLOS  
Address: 19500 N.E. 36 CT. TURNBERRY WAY, UNIT 23C  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: ESTHER SACAL

VD

04/04/2011

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

\_\_\_\_\_  
Date