


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 27, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000016680

1. Entity Name
500 BRICKELL 3500, INC



Principal Place of Business 1280 SOUTH POWERLINE ROAD #5 POMPANO BEACH, FL 33069	Mailing Address 1280 SOUTH POWERLINE ROAD #5 POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBAYNA, MARIA
17600 COLLINS AVENUE
SUNNY ISLES, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHICO, CESAR 1280 SOUTH POWERLINE ROAD #5 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AREVALO, LEOPOLDO 1280 SOUTH POWERLINE ROAD #5 POMPANO BEACH, FL 33069
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04/09/08-90124-004 150.00

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]* **3/25/2008** **954 9334800**

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