

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000076571

**FILED**  
**Mar 14, 2016**  
**Secretary of State**  
**CC0442880642**

**Entity Name:** E1907 BRICKELL CORP.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**FEI Number:** 27-0929723

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 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

**Officer/Director Detail :**

Title PD  
Name MARCIANI BARAJAS, NELSON J  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name RITZ DE MARCIANI, ILSE  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name MARCIANI RITZ, NELSON L  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name MARCIANI RITZ, ERIKA A  
Address 2121 PONCE DE LEON BLVD., SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

*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:** NELSON J MARCIANI BARAJAS

PD

03/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date