


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 045 ****61.25

DOCUMENT # 728081	
1. Entity Name BRICKELL BAY TOWER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business BRICKELL BAY TOWER 1408 BRICKELL BAY DRIVE MIAMI FL 33131 US	Mailing Address BRICKELL BAY TOWER 1408 BRICKELL BAY DRIVE MIAMI FL 33131 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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1st MOORE CR2E037 (10/04)

Zip	Country	Zip	Country
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4. FEI Number 59-1521504	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALENZUELA, DOUGLAS P 1408 BRICKELL BAY DRIVE MIAMI FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, NELLY R. 1408 S. BAYSHORE DRIVE, #1211 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1408 BRICKELL BAY DRIVE, #1211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KANNER, RICHARD 1408 BRICKELL BAY DRIVE, #1008 MAIMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR MIAMI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, MIKE 1408 BRICKELL BAY DR. #1017 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CJRE, ALEJANDRO 1408 BRICKELL BAY DR. #610 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY CURE, ALEJANDRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLACK, THEODORE 14808 BRICKELL BAY DRIVE MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1408 BRICKELL BAY DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILKE, RICHARD 1408 BRICKELL BAY DR. #809 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Nelly Zamora **NELLY ZAMORA** 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #