
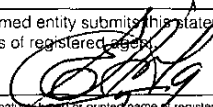


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 015 ***150.00

DOCUMENT # M43747 1. Entity Name BRICKELL KEY REALTY, INC.			
Principal Place of Business 3006 AVIATION AVE 2A COCONUT GROVE, FL 33133 US		Mailing Address 3006 AVIATION AVE 2A COCONUT GROVE, FL 33133 US	
2. Principal Place of Business 3601 South Bayshore Drive Suite # 200 Miami, FL 33133 USA		3. Mailing Address 3601 South Bayshore Drive Suite # 200 Miami, FL 33133 USA	
4. FEI Number 59-2752998		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AVILA, EDUARDO 3006 AVIATION AVE SUITE 2A COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent Name: AVILA, EDUARDO Street Address (P.O. Box Number if Not Applicable): 3601 South Bayshore Drive # 200 City: Miami FL Zip: 33133	
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:  DATE: 4/19/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PDS <input checked="" type="checkbox"/> Delete NAME: AVILA, EDUARDO STREET ADDRESS: 3006 AVIATION AVE SUITE 2A CITY-ST-ZIP: COCONUT GROVE, FL 33133	TITLE: AVILA, EDUARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: AVILA, EDUARDO STREET ADDRESS: 3601 South Bayshore Drive # 200 CITY-ST-ZIP: Miami, FL 33133		
TITLE: VPD <input checked="" type="checkbox"/> Delete NAME: AVILA, NEYDA E STREET ADDRESS: 3006 AVIATION AVE, 2-A CITY-ST-ZIP: MIAMI, FL 33133	TITLE: AVILA, NEYDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: AVILA, NEYDA STREET ADDRESS: 3601 South Bayshore Drive # 200 CITY-ST-ZIP: Miami, FL 33133		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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 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: 		Date: 4/19/04 (305) 857-0400	