2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# N04000003608

Entity Name: BRICKELL VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

800 SW 9TH AVE
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

800 SW 9TH AVE
MIAMI, FL 33130

New Mailing Address:

2701 SW 3RD AVENUE
MIAMI, FL 33129

FEI Number: 20-2173120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, L.L.C.
100 SE SECOND ST
SUITE 2900
MIAMI, FL 331312130 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 ( ) Delete
Name: RIONDA, JOAQUIN S
Address: 800 SW 9TH AVE
City-St-Zip: MIAMI, FL 33130

Title: VD ( ) Delete
Name: RIONDA, JOAQUIN C
Address: 800 SW 9TH AVE
City-St-Zip: MIAMI, FL 33130

Title: STD ( ) Delete
Name: TORRES, PETER A
Address: 800 SW 9TH AVE
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TORRES, PETER A
Address: 2701 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VD (X) Change ( ) Addition
Name: TORRES, HENRY
Address: 2701 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: STD (X) Change ( ) Addition
Name: LOPEZ, ALIPIO
Address: 2701 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A. TORRES PD 02/24/2005

Electronic Signature of Signing Officer or Director — Date