


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005468
 1. Entity Name
 1110 BRICKELL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1300 BRICKELL AVE. 1300 BRICKELL AVE.
 MIAMI, FL 33131 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 20-2351666 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 REGISTERED AGENTS OF FLORIDA L.L.C.
 100 S.E. SECOND ST., STE. 2900
 MIAMI, FL 33131-2130

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6. 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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

000000475273
 04/05/06-80009-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHORON, RON 1300 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, MILAGROS 1300 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, RODRIGO 1300 BRICKELL AVE. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06 305-351-1000
Date Daytime Phone #