


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State


DOCUMENT # N05000001558

1. Entity Name
VUE AT BRICKELL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1250 S MIAMI AVE MIAMI, FL 33130	Mailing Address 1250 S MIAMI AVE MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2348176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARS, GARY M ESQ
 150 W FLAGLER ST STE 2701
 MIAMI, FL 33130**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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


02/19/08-80018-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, VIRGINIA 1250 S MIAMI AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TODRIGUEZ, FRANK 1250 S MIAMI AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DUARTE, MANUEL 1250 S MIAMI AVE MIAMI, FL 33130
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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:  **Francisco Rodriguez** **01-04-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #