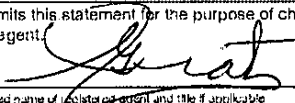


FILED
Mar 23, 2005 8:00 am
Secretary of State

50030174

DOCUMENT # P04000125619				03-23-2005 90054 027 ***158.75	
1. Entity Name UNIT B1104 BRICKELL PLACE, INC.					
Principal Place of Business 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129		Mailing Address C/O 1200 BRICKELL AVE STE 900 MIAMI, FL 33131			
2. Principal Place of Business 2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD. Suite, Apt. #, etc. 240		3. Mailing Address 240 City & State CORAL GABLES, FL.		4. FEI Number 03162005 Chg-P CR2E034 (10/03)	
City & State CORAL GABLES, FL.		City & State CORAL GABLES, FL.		4. FEI Number ☒ Applied For ☐ Not Applicable	
Zip 33134		Zip 33134		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AFI REGISTERED AGENTS INC. 1200 BRICKELL AVE STE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. NO. 240 City CORAL GABLES, FL Zip Code 33134		
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: 3-16-2005 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DPTS CAMACHO, ALVARO 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129			[] Change [] Addition		
DVST DE PEREZ, AURA LUZ C 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129			[] Change [] Addition		
DVST DE SIERRA, ELVIRA C 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129			[] Change [] Addition		
DVST PEREZ CAMACHO, YOLANDA R 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129			[] Change [] Addition		
[] Delete			[] Change [] Addition		
[] Delete			[] Change [] Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3-16-05 305-444-8333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					