2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90054 027 ***158.75

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1. Entity Name
UNIT B1104 BRICKELL PLACE, INC.

Principal Place of Business	Mailing Address
1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129	C/O 1200 BRICKELL AVE STE 900 MIAMI, FL 33131

S00030174

03162005 Chg-P -- CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2121 PONCE DE LEON BLVD.	2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc.: 240	Suite, Apt. #, etc.: 240
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [XX] $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: _____ 3-16-2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	DPTS CAMACHO, ALVARO 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST DE PEREZ, AURA LUZ C 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST DE SIERRA, ELVIRA C 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST PEREZ CAMACHO, YOLANDA R 1901 BRICKELL AVE UNIT B 1104 MIAMI, FL 33129	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Alvaro Camacho Alvaro Camacho 3-16-05 305-444-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #