

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125619

FILED
Feb 05, 2007
Secretary of State

Entity Name: UNIT B1104 BRICKELL PLACE, INC.

Current Principal Place of Business:

2121 PONE DE LEON BLVD
240
MIAMI, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134

Current Mailing Address:

2121 PONE DE LEON BLVD
240
MIAMI, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
240
MIAMI, FL 33134

FEI Number: 26-0105887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO, PA
2121 PONCE DE LEON BLVD
240
CORAL GABLES, FL 33134 US

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: GABRIEL PRATS

02/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: CAMACHO, ALVARO
Address: 1901 BRICKELL AVE UNIT B 1104
City-St-Zip: MIAMI, FL 33129

Title: DVST () Delete
Name: DE PEREZ, AURA LUZ C
Address: 1901 BRICKELL AVE UNIT B 1104
City-St-Zip: MIAMI, FL 33129

Title: DVST () Delete
Name: DE SIERRA, ELVIRA C
Address: 1901 BRICKELL AVE UNIT B 1104
City-St-Zip: MIAMI, FL 33129

Title: DVST () Delete
Name: PEREZ CAMACHO, YOLANDA R
Address: 1901 BRICKELL AVE UNIT B 1104
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO CAMACHO

DPTS

02/05/2007

Electronic Signature of Signing Officer or Director

Date