

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096460

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: BRICKELL WEST PROPERTIES II, INC.

## Current Principal Place of Business:

7050 SW 86TH AVE  
MIAMI, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

7050 SW 86TH AVE  
MIAMI, FL 33143

## New Mailing Address:

FEI Number: 01-0754904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIGUERAS, JUAN E ESQ  
7050 SW 86TH AVE  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: LUIS, RENE  
Address: 4520 SANTA MARIA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: DVS ( ) Delete  
Name: LUIS, PABLO  
Address: 4520 SANTA MARIA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: DVS ( ) Delete  
Name: FIGUERAS, JUAN E  
Address: 7050 SW 86TH AVE  
City-St-Zip: MIAMI, FL 33143

Title: DVS ( ) Delete  
Name: LUIS, ALVARO  
Address: 13221 SW 25TH ST  
City-St-Zip: MIAMI, FL 33175

Title: DVS ( ) Delete  
Name: LUIS, CARLOS  
Address: 8741 SW 102 STREET  
City-St-Zip: MIAMI, FL 33176

## 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:

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 Section 119.07(3)(i), 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: JUAN E. FIGUERAS

DVS

04/13/2005

Electronic Signature of Signing Officer or Director

Date