

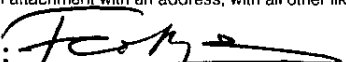


FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001558		Secretary of State	
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	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		02/19/08-80018-001 81.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GARCIA, VIRGINIA 1250 S MIAMI AVE MIAMI, FL 33130	DO NOT WRITE IN THIS SPACE	
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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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 ROPNER		01-04-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	