
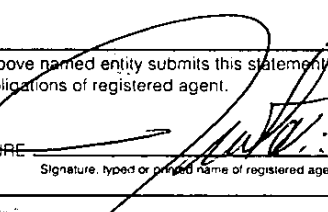


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

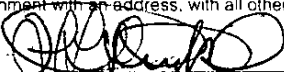
**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90016 007 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 735981</b><br>1. Entity Name<br><b>BROOKVIEW ASSOCIATION, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>14411 COMMERCE WAY, SUITE 240</b><br><b>MIAMI LAKES, FL 33016 US</b>   |   |   | Mailing Address<br><b>14411 COMMERCE WAY, SUITE 240</b><br><b>MIAMI LAKES, FL 33016 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |  |  |
| City & State   |   |   | City & State   |  |  |
| Zip  |   | Country   |  | 4. FEI Number<br><b>59-1702167</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>ZARATE, JORGE C.A.M</b><br><b>C/O COSMOS MANAGEMENT SERVICES INC.</b><br><b>14411 COMMERCE WAY, SUITE 240</b><br><b>MIAMI LAKES, FL 33016</b>   |   |   |  | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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  <u>Jorge Zarate, C.A.M.</u><br><small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)</small> |   |   |  | DATE <u>4/25/07</u>  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>HAZELTON, JOHN<br>6051 NW 201 LANE<br>MIAMI, FL 33015                          | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Dunkley, Harold<br>14411 Commerce Way, Suite 240<br>Miami Lakes, FL 33016   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>ROSS-WILLIAMS, VERONICA<br>13500 NE 3RD COURT, # 406<br>NORTH MIAMI, FL 33101 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Ross-Williams, Veronica<br>14411 Commerce Way, Suite 240<br>Miami Lakes, FL 33016  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S/T<br>CEASAR, REMUS<br>13500 NE 3RD CT #305<br>NORTH MIAMI, FL 33161               | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Cesar, Remus<br>14411 Commerce Way, Suite 240<br>Miami Lakes, FL 33016   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CONSTANCE-FAISON, MARY<br>13500 NE 3RD COURT, # 206<br>NORTH MIAMI, FL 33161   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Appolon Maria<br>14411 Commerce Way, Suite 240<br>Miami Lakes, FL 33016  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RODRIGUEZ, BDERLY<br>13500 NE 3RD COURT, # 225<br>NORTH MIAMI, FL 33161        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Barreiro, Elsa<br>14411 Commerce Way, Suite 240<br>Miami Lakes, FL 33016   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-07

954-593-470

Date

Daytime Phone #