



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90027 025 \*\*\*\*70.00

<b>DOCUMENT # N00046</b>					
1. Entity Name BRICKELL EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 151 S.E. 15TH ROAD MIAMI, FL 33129		Mailing Address 151 S.E. 15TH ROAD MIAMI, FL 33129		<p style="text-align: right; font-size: 24px;"><b>50017526</b></p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01052005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2464256	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, NESTOR 151 S.E. 15TH ROAD MIAMI, FL 33129			7. Name and Address of New Registered Agent Name <b>EDWIN GUIDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>151 SE 15th ROAD #0FC</b> City <b>MIAMI</b> FL Zip Code <b>33129</b>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASTON, MORILLO 151 S.E. 15TH ROAD #1501 MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William E. Davis 151 SE 15th RD MIAMI FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELABERT, JOSE 151 S.E. 15TH ROAD MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jorge Latorre 151 SE 15th rd MIAMI FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINNICK, NEAL 151 S.E. 15TH ROAD MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr Jose H. Cortes 151 SE 15th RD MIAMI FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRISZ, JOSEPH 151 SE 15TH RD APT 203 MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herman E Bighl 151 SE 15th RD MIAMI FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, HERNANDO 151 S.E. 15TH ROAD MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>William E. Davis</u>		Date: <u>2-10-05</u>		Daytime Phone #: <u>305 3494085</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	