

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90097 003 ****61.25

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DOCUMENT # N00046 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	
2. Principal Place of Business <i>C/O The Continental Group</i>		3. Mailing Address <i>11981 SW 144 Ct Ste # 201</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State <i>Miami, FL</i>	
Zip 	Country 	Zip <i>33186</i>	Country
4. FEI Number 59-2464256		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUIDO, EDWIN 151 S.E. 15TH ROAD #OFC MIAMI, FL 33129		7. Name and Address of New Registered Agent Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) <i>201 Alhambra circle - Suite 1102</i> City <i>Coral Gables, FL</i> Zip Code <i>33134</i>	
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 <i>[Signature]</i> <i>Pres</i> <i>4/28/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 DAVIS, WILLIAM E 151 SE 15TH RD MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Beth Willmitch 151 SE 15th Rd Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LATORRE, JORGE 151 S.E. 15TH ROAD MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Latorre, Jorge 151 S.E. 15th Rd Miami, FL 33129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, JOSE H DR. 151 S.E. 15TH ROAD MIAMI, FL 33129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hernandez Santacoloma 151 SE 15th Rd Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, HERMAN E 151 SE 15TH RD MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Diehl, Herman E 151 S.E. 15th Rd Miami, FL 33129 <input checked="" 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	Director Sue Martin 151 SE 15th Rd Miami, FL 33129 <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	Director Ali Mahafflati 151 SE 15th Rd Miami, FL 33129 <input type="checkbox"/> Change <input 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 <i>[Signature]</i> <i>Beth Willmitch</i> <i>5/3/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>786-395-2701</i> <small>Daytime Phone #</small>	