


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90004 042 ****61.25

DOCUMENT # N03000003211

1. Entity Name
BRICKELL OAKS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2829 BIRD AVE STE 145
 MIAMI, FL 33133

Mailing Address
 2829 BIRD AVE STE 145
 MIAMI, FL 33133

44020209



2. Principal Place of Business
 123 SW 17th RD
 Suite, Apt. #, etc.

3. Mailing Address
 123 SW 17th Rd
 Suite, Apt. #, etc.

02252004 Chg-NP CR2E037 (10/03)

City & State
 Miami FL

City & State
 Miami FL

Zip
 33129

Country
 Miami-Dade

Zip
 33129

Country
 Miami-Dade

4. FEI Number
 42-1597621

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, HERNANDO A
 2829 BIRD AVE STE 145
 MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name
Ricardo Heredia

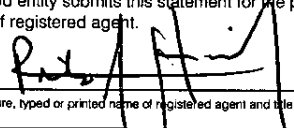
Street Address (P.O. Box Number is Not Acceptable)
 123 SW 17th RD # 104

City
 Miami

State
 FL

Zip Code
 33129

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:  **President** 2/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRILLO, HERNANDO 2829 BIRD AVE STE 145 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CARRILLO, SHERRY 2829 BIRD AVE STE 145 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRILLO, RODRIGO 2829 BIRD AVE STE 145 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President RICARDO HEREDIA 123 SW 17th RD MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President VICTOR DANCOS 123 SW 17th RD MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Todd Schann 123 SW 17th RD MIAMI FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CECILIA CAGGIANO 123 SW 17th ROAD MIAMI, FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:  **President** 2/25/04 305-799-5638

Signature and typed or printed name of signing officer or director Date Daytime Phone #