# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2006**
**Secretary of State**

DOCUMENT# N05000006103

**Entity Name:** BRICKELL WEST, A CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

445 S.W. 11TH STREET
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

445 S.W. 11TH STREET
MIAMI, FL 33173

**New Mailing Address:**

P.O. BOX 520682
MIAMI, FL 33152 US

**FEI Number: 01-0754904** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALOS & ASSOCIATES, P.A.
10271 S.W. 102ND STREET
STE. 102
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MACHADO, LUIS
Address: 445 S.W. 11TH STREET
City-St-Zip: MIAMI, FL 33173

Title: VTD ( ) Delete
Name: PADRON, RAFAEL JR.
Address: 445 S.W. 11TH STREET
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete
Name: ALOS, ANDRES F
Address: 445 S.W. 11TH STREET
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: MACHADO, LUIS
Address: P.O. BOX 520682
City-St-Zip: MIAMI, FL 33152

Title: VTD (X) Change ( ) Addition
Name: PADRON, RAFAEL JR.
Address: P.O. BOX 520682
City-St-Zip: MIAMI, FL 33152

Title: SD (X) Change ( ) Addition
Name: ALOS, ANDRES F
Address: P.O. BOX 520682
City-St-Zip: MIAMI, FL 33152

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS MACHADO PD 04/24/2006

Electronic Signature of Signing Officer or Director — Date