2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

					ecretary	v ot Sta	TE	
DOCUMENT # N0500006103 1. Entity Name BRICKELL WEST, A CONDOMINIUM ASSOCIATION INC.				20%	3-12-2007 9007			
Principal Place 445 S.W. 117 MIAMI, FL 33	TH STREET	Mailing Address P.O. BOX 520682 MIAMI, FL 33152 US				A OSTA ORAL INDI STREET		
2. Principal P	SW // ST	3. Mailing Address 9 445 SW	11 57					
Suite, Apt.		Suite, Apt. #, etc.		01312007	Chg-NP C	R2E037 (12/06)		
City & State MIAM	<i>i</i> — <i>i</i>	City & State MIAMI	CL	4: FEI Number 01-07549	04	 	plied For t Applicable	
zip 33/3	D Country USA	^{Zip} 33/30	Country レムA	5. Certificate of	Status Desired	S8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
ALOS & ASSOCIATES, P.A. 10271 S.W. 102ND STREET			Street Ad	MICHAEL BASANTA Street Address (P.O. Box Number is Not Acceptable)				
STE. 102 MIAMI, FL 33173			<u> </u>	# 100				
			City A	City MIAMI FL Zip Code 33/30				
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.			re required when remaining)	3	15/07 DATE	and accept	
i	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		\$5.00 May Be	L L	check payable to Department of St		
10.	-	Trust Fund Cor		Added to Fees	L L	Department of St	ate	
	OFFICERS AND DI	Trust Fund Col	ntribution.	Added to Fees ADDITIONS/CHAN	Florida	Department of St	ate	
TITLE	OFFICERS AND DI	Trust Fund Cor	11. IITLE	ADDITIONS/CHAN PRESIDENT ANDREA ECHI	FIORIDA GESTO OFFICERS	Department of St AND DIRECTORS IN Change	ate	
TITLE NAME	OFFICERS AND DI PD MACHADO, LUIS	Trust Fund Col	11. IITLE	ADDITIONS/CHAN PRESIDENT ANDREA ECHI	FIORIDA GESTO OFFICERS	Department of St AND DIRECTORS IN Change	ate	
TITLE NAME STREET ADDRESS	OFFICERS AND DI PD MACHADO, LUIS P.O. BOX 520682	Trust Fund Col	11. IITLE	ADDITIONS/CHAN PRESIDENT ANDREA ECH	Florida GES TO OFFICERS A EVAREIA ST #408	Department of St AND DIRECTORS IN Change	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHADO, LUIS P.O. BOX 520682 MIAMI, FL 33152	Trust Fund Col	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHAN PRESIDENT ANDREA ECHI 445 SW IITM MIAMI, FL.	Florida GES TO OFFICERS A EVAREIA ST #408	Department of St AND DIRECTORS IN Change	ate 10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DI PD MACHADO, LUIS P.O. BOX 520682 MIAMI, FL 33152 VTD PADRON, RAFAEL JR. P.O. BOX 520682 MIAMI, FL 33152	Trust Fund Col	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHAN PRESIDENT ANDREA ECH 445 SW IIT MIAMI, FL. TREASURER ADRIANA PII 445 SW IIT 445 SW IIT SW MIAMI, FL. MIAMI, FL. MIAMI, FL. MIAMI, FL.	Florida GESTO OFFICERSA EVARRIA ST #408 33130 NECIA T#402	Department of St AND DIRECTORS IN Change	10 Addition	
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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.

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STUD A PRINTED NAME OF STORMO OFFICER OR DERECTOR

3/2/07

(786) 439-9853