

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007459

FILED  
Feb 20, 2012  
Secretary of State

**Entity Name:** THE AXIS ON BRICKELL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

79 SW 12TH ST  
7TH FLOOR MANAGEMENT OFFICE  
MIAMI, FL 33130

**New Principal Place of Business:**

79 SW 12TH ST  
MEZZANINE MANAGEMENT OFFICE  
MIAMI, FL 33130

**Current Mailing Address:**

79 SW 12TH ST  
7TH FLOOR MANAGEMENT OFFICE  
MIAMI, FL 33130

**New Mailing Address:**

79 SW 12TH ST  
MEZZANINE MANAGEMENT OFFICE  
MIAMI, FL 33130

**FEI Number:** 26-1535902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EISINGER, BROWN, LEWIS & FRANKEL, P.A.  
4000 HOLLYWOOD BLVD STE 265-SOUTH  
HOLLYWOOD, FL 33021 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  
Name: PIAZZA, ALBERT  
Address: 79 SW 12TH ST, MEZZANINE MANAGEMENT OFFICE  
City-St-Zip: MIAMI, FL 33130

Title: VSTD  
Name: BURRY, SUZANA  
Address: 79 SW 12TH ST, MEZZANINE MANAGEMENT OFFICE  
City-St-Zip: MIAMI, FL 33130

Title: D  
Name: HUETE, RODRIGO  
Address: 79 SW 12TH ST, MEZZANINE MANAGEMENT OFFICE  
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: ALBERT PIAZZA

P

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date