

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90041 002 \*\*\*138.75

<b>DOCUMENT # N07000000769</b> 1. Entity Name <b>SAVE HISTORIC BRICKELL, INC.</b>			
Principal Place of Business <b>1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>		Mailing Address <b>1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>370 Minorca Ave</b>		3. Mailing Address <b>370 Minorca Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Coral Gables FL</b>		City & State <b>Coral Gables FL</b>	
Zip <b>33134</b>		Zip <b>33134</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20 8292184</b>		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 <b>PERDIGON, SCOTT J ESQ. 9100 SOUTH DADELAND BLVD. SUITE 1701 - PH1 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Ximena Berrios</b> Street Address (P.O. Box Number is Not Acceptable) <b>370 Minorca Ave</b> City <b>Coral Gables</b> <b>FL</b> Zip <b>33134</b>	
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 <b>Ximena Berrios</b> <span style="float: right;">4/24/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOLLY, WILLIAM H <del>1395 BRICKELL AVENUE, SUITE 900</del> <del>MIAMI, FL 33131</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>370 Minorca Ave</b> <b>Coral Gables FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JACOBS, TORY <del>1395 BRICKELL AVENUE, SUITE 900</del> <del>MIAMI, FL 33131</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>370 Minorca Ave</b> <b>Coral Gables FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MARTELL, HAL <del>1395 BRICKELL AVENUE, SUITE 900</del> <del>MIAMI, FL 33131</del>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>370 Minorca Ave</b> <b>Coral Gables FL 33134</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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.			
<b>SIGNATURE:</b> <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/24/08 305-777-0300</b> <small>Date Daytime Phone #</small>	

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04252008 Chg-NP CR2E037 (12/06)