

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90044 016 \*\*\*\*61.25

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01042005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N26717</b> 1. Entity Name <b>BRICKELL AREA ASSOCIATION, INC.</b>					
Principal Place of Business <b>600 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131 US</b>			Mailing Address <b>600 BRICKELL AVENUE SUITE 800 MIAMI, FL 33131 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>65-0077257</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ROSS, WILLIAM ESTORIC REALTY 1401 BRICKELL AVE., STE. 340 MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent  Name <b>WIFREDO "WILLY" GORT</b> Street Address (P.O. Box Number is Not Acceptable) <b>RAMIREZ AND COMPANY</b> <b>600 BRICKELL SUITE 301-M</b> City <b>MIAMI</b> FL <b>33131</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 _____ <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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<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-STATE-ZIP	P ROSS, WILLIAM 1401 BRICKELL AVE, STE 340 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD GORT, WILLY 600 BRICKELL AVE, STE 301-M MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MARTELL, HAL 848 BRICKELL AVE, STE 600 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PP GONSALVES, RICHARD 100 SE 2ND ST 14TH FLOOR MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WILLIAM HOLLY 1395 BRICKELL, SUITE 900 MIAMI FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PP GALE, BRIAN 701 BRICKELL AVE, STE 1720 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RAMON USATEGUI 1111 BRICKELL, SUITE 111 MIAMI, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S WALTERS, CARL 1428 BRICKELL AVE, STE 700 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP <input checked="" 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					