2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149498

Entity Name: BRICKELL ON THE RIVER 1100 CORP.

FILED May 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

11324 NW 47 LANE 2665 SOUTH BAYSHORE DRIVE **DORAL, FL 33178**

SUITE 906

COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2665 SOUTH BAYSHORE DRIVE 11324 NW 47 LANE DORAL, FL 33178 SUITE 906 COCONUT GROVE, FL 33133

FEI Number: 20-3759863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GURIAN, JORGE 11324 NW 47 LANE DORAL, FL 33178 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SUAREZ, LUZ M Name: Name: SUAREZ, LUZ M 11324 NW 47 LANE 2665 S BAYSHORE DRIVE Address: Address:

City-St-Zip: DORAL, FL 33178 City-St-Zip: COCONUT GROVE, FL 33133

Title: Title: SD (X) Change () Addition () Delete SERNA, PAOLA Name: Name: SERNA, PAOLA

11324 NW 47 LANE Address: 2665 SOUTH BAYSHORE DRIVE STE 906 Address:

DORAL, FL 33178 COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ M SUAREZ PD 05/15/2009