2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090442

Entity Name: 400 & 1200 BRICKELL INVEST., INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:		
2333 PONCE DE LEON BLVD.			8600 NW 53 TERRACE		
302 CORAL GABLES, FL	33134	SUITE 101 MIAMI, FL			
Current Mailing Add	lress:	New Maili	New Mailing Address:		
2333 PONCE DE LEON BLVD. 302 CORAL GABLES, FL 33134			8600 NW 53 TERRACE SUITE 101 MIAMI, FL 33166 US		
FEI Number: 26-1999129	FEI Number Applied For () FEI	Number Not App	licable () Certificate of Status Desired ()		
Name and Address	of Current Registered Agent:	Name and	Address of New Registered Agent:		
QUESADA, PABLO S 2333 PONCE DE LEC 302 CORAL GABLES, FL	DN BLVD.				
The above named entine the State of Florida.		se of changing i	ts registered office or registered agent, or both,		
SIGNATURE:					
Elec	tronic Signature of Registered Agent		Date		
Election Campaign Finar	cing Trust Fund Contribution ().				
OFFICERS AND DIR	ECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition HARTMANN, LUIS 8600 NW 53 TERRACE, SUITE 101 MIAMI, FL 33166		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition RODRIGUEZ, MARITZA 8600 NW 53 TERRACE, SUITE 101 MIAMI, FL 33166 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MALDONADO, VERONICA 8600 NW 53 TERRACE, SUITE 101 MIAMI, FL 33166 US		
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Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DEGWITZ, RICARDO 8600 NW 53 TERRACE, SUITE 101 MIAMI, FL 33166 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MALDONADO, SAMUEL 8600 NW 53 TERRACE, SUITE 101 MIAMI, FL 33166 US		

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.

	Electronic Oissortune of Oissoir a Office of Disease		D-1-
SIGNATURE:	LUIS HARTMANN	Р	04/28/2008