2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P08000051422

Entity Name: BRICK 500, INC.

Current Principal Place of Business:

201 CAPE FLORIDA DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

201 CAPE FLORIDA DR.
KEY BISCAYNE, FL 33149

New Mailing Address:

500 BRICKELL AVENUE
MIAMI, FL 33131

FEI Number: 26-2926113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VIOLA, CARLOS M.
201 CAPE FLORIDA DR.
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

VIOLA, CARLOS M
500 BRICKELL AVENUE
MIAMI, FL 33131 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: CARLOS M. VIOLA 01/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIOLA, CARLOS
Address: 201 CAPE FLORIDA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: TORINO, MARIA L.
Address: 201 CAPE FLORIDA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: VIOLA, CAROLINA
Address: 201 CAPE FLORIDA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: VIOLA, SANTIAGO
Address: 201 CAPE FLORIDA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VIOLA, CARLOS M
Address: 201 CAPE FLORIDA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change ( ) Addition
Name: TORINO, MARIA L
Address: 201 CAPE FLORIDA DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: CARLOS M. VIOLA P 01/16/2009
Electronic Signature of Signing Officer or Director Date