

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10789

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** ARTS & BUSINESS COUNCIL OF MIAMI, INC.**Current Principal Place of Business:**200 S. BISCAYNE BLVD  
4000  
MIAMI, FL 33131 US**New Principal Place of Business:****Current Mailing Address:**200 S. BISCAYNE BLVD  
4000  
MIAMI, FL 33131 US**New Mailing Address:****FEI Number:** 59-2593330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BRUNEY, LAURA  
200 S BISCAYNE BLVD  
STE 4000  
MIAMI, FL 33131**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** T ( ) Delete  
**Name:** GURLAND, HARVEY  
**Address:** 200 S. BISCAYNE BLVD. #400  
**City-St-Zip:** MIAMI, FL 33131**Title:** C ( ) Delete  
**Name:** MOROFF, DEBRA  
**Address:** 4858 NW 97 PLACE  
**City-St-Zip:** MIAMI, FL 33166**Title:** T ( ) Delete  
**Name:** BJORKMAN, MANE  
**Address:** 200 S. BISCAYNE BLVD. #400  
**City-St-Zip:** MIAMI, FL 33131**Title:** C ( ) Delete  
**Name:** HOFFMAN, TRISA  
**Address:** 1217 OBISPO AVE  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** ED ( ) Delete  
**Name:** BRUNEY, LAURA  
**Address:** 200 S BISCAYNE BLVD #4000  
**City-St-Zip:** MIAMI, FL**Title:** TR ( ) Delete  
**Name:** HANKS, RUTH  
**Address:** 1601 COLLINS AVE  
**City-St-Zip:** MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** T (X) Change ( ) Addition  
**Name:** VEGA, ALEX  
**Address:** ONE SE THIRD AVE #1000  
**City-St-Zip:** MIAMI, FL 33131**Title:** C (X) Change ( ) Addition  
**Name:** SPEIJERS, MIKI  
**Address:** 1522 SAN IGNACIO AVE #4  
**City-St-Zip:** CORAL GABLES, FL 33146**Title:** S (X) Change ( ) Addition  
**Name:** BROOKS, VALECIA  
**Address:** 1700 NW NORTH RIVER DR #305  
**City-St-Zip:** MIAMI, FL 33125**Title:** TR (X) Change ( ) Addition  
**Name:** HOFFMAN, TRISA  
**Address:** 1217 OBISPO AVE  
**City-St-Zip:** CORAL GABLES, FL 33134**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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKI SPEIJERS

C

04/30/2004

Electronic Signature of Signing Officer or Director

Date