## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30456

Title:

Name:

Address:

City-St-Zip:

DS

BROWN, CYNTHIA

5275 NE 2ND CT #1

MIAMI, FL 33137

( ) Delete

Apr 23, 2004 Secretary of State

Entity Name: MIAMI LIGHT PROJECT, INC. **Current Principal Place of Business: New Principal Place of Business:** 3000 BISCAYNE BLVD STE 100 MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 3000 BISCAYNE BLVD STE 100 MIAMI, FL 33137 FEI Number: 65-0107810 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: BOONE, ELIZABETH 3000 BIŚCAYNE BLVD #100 MIAMI, FL 33137 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete DC () Change () Addition SIEGEL, KENAN Name: Name: Address: 510 NE 56 ST Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: DE LA PEZUDA, MANA Name: Address: 1900 SUNSET HARBOR DR #2407 Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition BOONE, ELIZABETH Name: Name: Address: 334 20 ST #109 Address: City-St-Zip: MIAMI, FL 33139 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ELIZABETH BOONE DT 04/23/2004

() Change () Addition