## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30456

FILED Apr 21, 2006 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: () Change () Addition () Delete GELLES, NANCY Name: Name: 1 GROVE ISLE, #1803 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HILL, MARLON Name: Address: 13525 SW 119 AVE Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: DS () Delete Title: () Change () Addition BOONE, ELIZABETH Name: Name: 1292 NE 105 STREET Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: (X) Change ( ) Addition Title: DT ( ) Delete Title: DT Name: ELLISON, JAMES Name: LIEBERMAN, JONATHAN 4770 BISCAYNE BLVD STE880 Address: 4974 SW 76TH STREET Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BOONE DS 04/21/2006