


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

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90008 043 \*\*\*\*61.25

**DOCUMENT # N95000000799**

1. Entity Name  
**THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.**



Principal Place of Business  
**7900 ISLAND BOULEVARD**  
**WILLIAMS ISLAND, FL 33160**

Mailing Address  
**7900 ISLAND BOULEVARD**  
**WILLIAMS ISLAND, FL 33160**

24075733



2. Principal Place of Business  
**4000 ISLAND BOULEVARD, PH4**

3. Mailing Address  
**4000 ISLAND BOULEVARD**

Suite, Apt. #, etc.  
**PH4**

Suite, Apt. #, etc.  
**PH4**

04272004 Chg-NP CR2E037 (10/03)

City & State  
**AVENTURA, FL**

City & State  
**AVENTURA**

4. FEI Number  
**65-0570404**

Applied For  
 Not Applicable

Zip  
**33160**

Country  
**U.S.A**

Zip  
**33160**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BILZIN, BRIAN**  
**BILZIN SUMBERG BRENA PRICE & AXELROD**  
**200 SOUTH BISCAYNE BLVD., 25TH FLOOR**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TRUMP, STEPHANIE	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUMP, EDDIE	
STREET ADDRESS	7900 ISLAND BOULEVARD	
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	BILZIN, BRIAN	
STREET ADDRESS	2324 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_