


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000799 1. Entity Name THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.	
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Principal Place of Business 400 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160	Mailing Address 400 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0570404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRUMP, STEPHANIE
STREET ADDRESS	7900 ISLAND BOULEVARD
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	D
NAME	TRUMP, EDDIE
STREET ADDRESS	7900 ISLAND BOULEVARD
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160
TITLE	D
NAME	BILZIN, BRIAN
STREET ADDRESS	2324 NORTH BAY ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/14/05-80044-002 61.25

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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: Stephanie Trump Date: 1-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR