

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000799

FILED
Jul 13, 2006
Secretary of State

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

Current Principal Place of Business:

400 ISLAND BLVD, PH4
WILLIAMS ISLAND, FL 33160

New Principal Place of Business:

Current Mailing Address:

400 ISLAND BLVD, PH4
WILLIAMS ISLAND, FL 33160

New Mailing Address:

FEI Number: 65-0570404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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: D () Delete
Name: TRUMP, STEPHANIE
Address: 7900 ISLAND BOULEVARD
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: D () Delete
Name: TRUMP, EDDIE
Address: 7900 ISLAND BOULEVARD
City-St-Zip: WILLIAMS ISLAND, FL 33160

Title: D () Delete
Name: BILZIN, BRIAN
Address: 2324 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: STEPHANIE TRUMP

D

07/13/2006

Electronic Signature of Signing Officer or Director

_____ Date