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

FILED Feb 16, 2004 8:00 am **Secretary of State**

02-16-2004 90032 011 ****61.25

DOCUMENT #714837 GREATER MIAMI PROGRESS FOUNDATION, INC. Principal Place of Business Mailing Address 04UU649N % GREATER MIAMI CHAMBER OF COMMERCE % GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BLVD. 1601 BISCAYNE BLVD. MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-6216592 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISILIO ARRIAGA CULLOM, WILLIAM 1601 BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33132 1601 BISCAYNE BLVD./BALLROOM MIAMI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Change ■ Addition NAME AJAMIL, LUIS NAME STREET ADDRESS 2601 SOUTH BAYSHORE DR #1000 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOODE, R. RAY NAME STREET ADDRESS 3600 N.W. 82ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change X Addition CULLOM, WILLIAM O. NAME ARRIAGA, ISILIO 1601 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS 1601 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL CITY-SI-ZIP FT. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition FINE, MARTIN NAME NAME 701 BRICKELL AVENUE, #3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE D Delete TITLE ☐ Change ■ Addition POTTER, SUSAN NAME NAME STREET ADDRESS 121 MARJORCA AVE 3RD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331344508 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition HOLZBERG, RHODELE D NAME NAME STREET ADDRESS 1601 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 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 charged, or on an attachment with an address with all other like empowered.

SIGN	ATÙRE:

HRRIAGA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR