

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 003 ****70.00

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

DOCUMENT # 739337

1. Entity Name
DOWNTOWN MIAMI PARTNERSHIP, INC.



Principal Place of Business
**25 S.E. SECOND AVENUE
SUITE #1007
MIAMI, FL 33131 US**

Mailing Address
**25 S.E. SECOND AVENUE
SUITE #1007
MIAMI, FL 33131 US**

54032298



03232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1763641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~GELOTTE, LUCIA~~
~~8 SE 2ND AVENUE~~
~~SUITE 909~~
~~MIAMI, FL 33131~~

Goyanes, Jose A.
4 SE 1 Street
Miami FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE: **PT Cochran, Tracy**
NAME: ~~GELOTTE, LUCIA~~
STREET ADDRESS: **8 SE 2ND AVENUE, #909**
CITY-ST-ZIP: **25 SE 2 Ave #1007
MIAMI, FL 33131**

TITLE: **P**
NAME: **IMBRONE, PAUL**
STREET ADDRESS: **25 SE AVE 1007**
CITY-ST-ZIP: **MIAMI, FL 33131**

TITLE: **D Hart David**
NAME: **HERRERA, PROSPERO**
STREET ADDRESS: **25 SE 2 AVE 1007**
CITY-ST-ZIP: **MIAMI, FL 33131**

TITLE: **D**
NAME: **KOZOLCHYK, BORIS**
STREET ADDRESS: **25 S.E. 2ND AVENUE, #1007**
CITY-ST-ZIP: **MIAMI, FL**

TITLE: **VP**
NAME: **IMBRONE, PAUL**
STREET ADDRESS: **25 SE 2ND AVENUE, #1007**
CITY-ST-ZIP: **MIAMI, FL 33131**

TITLE: **S**
NAME: **GOYANES, JOSE**
STREET ADDRESS: **25 SE 2 AVE 1007**
CITY-ST-ZIP: **MIAMI, FL 33131**

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IN THIS SPACE**

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 #