
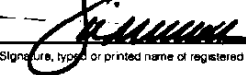
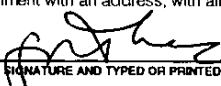


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90293 033 ****61.25

DOCUMENT # 701164					
1. Entity Name MUSEUM OF SCIENCE, INC.					
Principal Place of Business 3280 S. MIAMI AVE. MIAMI, FL 33129		Mailing Address 3280 S. MIAMI AVE. MIAMI, FL 33129			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0854960	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINTRAUB, ALBERT 2250 S.W. 3RD AVENUE MIAMI, FL 33129			Name Victor M. Alvarez, Esq.		
			Street Address (P.O. Box Number is Not Acceptable) White & Case		
			200 South Biscayne Blvd., #4750		
			City Miami		Zip Code FL 33131
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 		VICTOR M. ALVAREZ		3/30/05	
Signature, typed 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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, TRISH MRS		NAME		
STREET ADDRESS	100 CASUARINA CONCOURSE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDES-FAULI, LOUISE MRS		NAME	Daniel Bell	
STREET ADDRESS	4155 KIAORA STREET		STREET ADDRESS	100 Casuarina Concourse	
CITY-ST-ZIP	COCONUT GROVE, FL 33133		CITY-ST-ZIP	Coral Gables, FL 33143	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAN, THOMAS		NAME		
STREET ADDRESS	4171 MALAGA AVE.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMACCHIA, TIM		NAME		
STREET ADDRESS	4191 BATTERSEA RD		STREET ADDRESS	200 S. Biscayne Blvd., #3900	
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Judy A. Brown	
STREET ADDRESS			STREET ADDRESS	824 Sorolla	
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Victor M. Alvarez	
STREET ADDRESS			STREET ADDRESS	200 S. Biscayne Blvd., #4750	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33131	
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: 		Gillian M. Thomas, President		3/11/05 305-646-4228	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

ATTACHMENT

H0065718

Museum of Science, Inc.
Document #701164

Block 11 Continued

In addition to those noted on the above-referenced document in Block 11, the following are additions and are all Trustees (code D):

Ms. Ileana Bravo-Gordon 5411 Alton Road Miami Beach, FL 33140	Mr. Mitchell Less 777 Brickell Avenue, Suite 1100 Miami, FL 33131
Ms. Paula L. Brockway 4835 Hammock Lake Drive Coral Gables, FL 33156	Ms. Brenda Nestor Castellano 39 Palm Avenue Miami Beach, FL 33139
Ms. Evangeline Carter 1548 Brickell Avenue Miami, FL 33129	Mr. Walter Revell 201 Alhambra Circle, Suite 900 Coral Gables, FL 33134
Ms. Pamela Wilds Cole 60 Edgewater Drive, #14E Coral Gables, FL 33133	Mr. Ronald P. Schutzen 7401 S.W. 83 Court Miami, FL 33143
Mr. Paul DiMare The DiMare Companies P. O. Box-900460 Homestead, FL 33090	Mrs. Electra V. Spillis 13632 Deering Bay Drive Coral Gables, FL 33158
Mrs. Swanee DiMare 10985 Old Cutler Road Coral Gables, FL 33156	Mr. Peter J. Spillis 800 Douglas Entrance Coral Gables, FL 33134
Mr. Joseph L. Falk 1770 Micanopy Avenue Coconut Grove, FL 33133	Ms. Louise A. Valdes-Fauli 4155 Kiaora Street Coconut Grove, FL 33133
Mr. Alfred C. Farrell 8900 SW 61 Court Miami, FL 33156	Mr. Jean-Dominique Virchaux 200 S. Biscayne Blvd., Suite 330 Miami, FL 33131
Mr. Michael L. Gerrard 4931 SW 75th Lane Miami, FL 33143	Mr. Jeffrey B. Weiner 362 Minorca Avenue Coral Gables, FL 33134
Mr. Guillermo Gomez 3275 NW 87th Avenue Miami, FL 33172-1209	Mr. Bryan Wells 1500 Miami Center 201 S. Biscayne Boulevard Miami, FL 33131
Ms. Taffy Gould Ten Edgewater Drive, #14F Coral Gables, FL 33133	
Mr. Joseph Jones 11960 SW 144th Street Miami, FL 33186	