
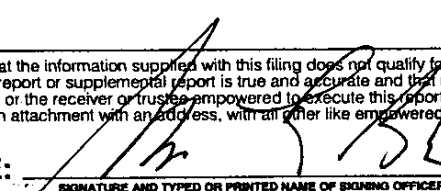


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90012 032 \*\*\*\*61.25

<b>DOCUMENT # 709105</b> 1. Entity Name <b>GREATER MIAMI &amp; THE BEACHES HOTEL ASSOCIATION, INC.</b>					
Principal Place of Business <b>407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-0272095</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BLUMBERG, STUART L 407 LINCOLN ROAD SUITE 10 G MIAMI BEACH, FL 33139</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, JUAN		NAME	HINES, CHARLIE	
STREET ADDRESS	407 LINCOLN RD., STE 10-G		STREET ADDRESS	407 LINCOLN Rd., STE 10-G	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, CHARLIE		NAME	JORGE GONZALEZ	
STREET ADDRESS	407 LINCOLN RD., STE 10-G		STREET ADDRESS	407 LINCOLN RD. STE 10-G	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, LINDA		NAME	TIM NARDI	
STREET ADDRESS	407 LINCOLN RD STE 10G		STREET ADDRESS	407 LINCOLN Rd., STE-10-G	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	NOSTRAND, STEPHEN		NAME		
STREET ADDRESS	407 LINCOLN RD STE 10G		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	CANTON, SPERO		NAME		
STREET ADDRESS	407 LINCOLN RD, STE 10G		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>STUART L. BLUMBERG</b> 1/5/05 305-531-3553		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		