


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
--	--

DO NOT WRITE IN THIS SPACE



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1763641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~GELOTTE, LUCIA~~
~~8 SE 2ND AVENUE~~
~~SUITE 909~~
~~MIAMI, FL 33134~~

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: *Jose A. Goyanes* DATE: *4/1/04*

Signature, name, or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<i>PT Cochran, Tracy</i>
NAME	GELOTTE, LUCIA
STREET ADDRESS	8 S.E. 2ND AVENUE, #909 <i>25 SE 2 Ave #1007</i>
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	P
NAME	IMBRONE, PAUL
STREET ADDRESS	25SE AVE 1007
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	<i>D Hart David</i>
STREET ADDRESS	25SE 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

DO NOT WRITE
 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 an other like empowered.

SIGNATURE: *Paul Imbrone* DATE: *4/1/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR