

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90035 010 ****70.00

DOCUMENT # 739337



1. Entity Name
DOWNTOWN MIAMI PARTNERSHIP, INC.

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



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc. City & State

City & State

Zip Country Zip Country

02282007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1743641**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 GOYANES, JOSE A
 4 SE 1 STREET
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed 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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITILE Delete
 NAME **COCHRAN, TRACY**
 STREET ADDRESS **25 SE 2 AVE # 1007**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **HART, DAVID**
 STREET ADDRESS **25SE 2 AVE 1007**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **OLIVEIRA, HORACIO**
 STREET ADDRESS **25 SE 2ND AVENUE, #1007**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITILE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

S Change Addition
 NAME **Gary Ressler**
 STREET ADDRESS **169 E Flagler St #1600**
 CITY-ST-ZIP **Miami FL 33131**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tracy Cochran **TRACY COCHRAN** 4/11/2007 305-381-9088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #