

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90023 014 ****70.00



DOCUMENT # 739337 1. Entity Name DOWNTOWN MIAMI PARTNERSHIP, INC.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. #240	3. Mailing Address Suite, Apt. #, etc. #240
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01242008 Chg-NP CR2E037 (12/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1743641	Applied For <input type="checkbox"/> Not Applicable
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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 Josie Correa Street Address (P.O. Box Number is Not Acceptable) 25 SE 2 Ave # 240 City Miami FL Zip Code 33131
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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 **3/22/08**

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, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T COCHRAN, TRACY	TITLE	
NAME	COCHRAN, TRACY	NAME	
STREET ADDRESS	25 SE 2 AVE # 1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P IMBRONE, PAUL	TITLE	S DAVID LITNGOLD
NAME	IMBRONE, PAUL	NAME	DAVID LITNGOLD
STREET ADDRESS	25SE AVE 1007	STREET ADDRESS	19 W FLAGLER ST #310
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami FL 33131
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D HART, DAVID	TITLE	
NAME	HART, DAVID	NAME	
STREET ADDRESS	25SE 2 AVE 1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V KOZOLCHYK, BORIS	TITLE	
NAME	KOZOLCHYK, BORIS	NAME	
STREET ADDRESS	25 S.E. 2ND AVENUE, #1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D OLIVEIRA, HORACIO	TITLE	
NAME	OLIVEIRA, HORACIO	NAME	
STREET ADDRESS	25 SE 2ND AVENUE, #1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S RESSLER, GARY	TITLE	P RESSLER, GARY
NAME	RESSLER, GARY	NAME	RESSLER, GARY
STREET ADDRESS	169 E. FLAGLER ST #1600	STREET ADDRESS	169 E FLAGLER ST #1600
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami FL 33131
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **3/22/08** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR