2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State
09-01-2004 90004 049 ****61.25

DOCUMENT # 759684

1. Entity Name
MUSEUM OF CONTEMPORARY ART, INC.

Principal Place of Business	Mailing Address
770 NE 125TH ST. NORTH MIAMI, FL 33161-5654	770 NE 125TH ST. NORTH MIAMI, FL 33161-5654

06302004 Chg-NP CR2E037 (10/03)

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 59-2085261 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Ms. Anna Simkins, Trustee 3540 Yacht Club Drive #1702 Aventura, FL 33180	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 Anna A-Simkins August 25, 2004
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 September 8, 2004

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trustee FEINSILVER, DANNY 12955 YACHT CLUB DR #1702 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Francine Birbragher 7000 Island Blvd. #2302 Aventura, FL 33160 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trustee BROWN, JACQUELYN 25 PELICAN DR FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trustee BRAMAN, IRMA ONE INDIAN CREEK ISLAND MIAMI BEACH, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director CLEARWATER, BONNIE 770 NE 125TH STREET NORTH MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Trustee SIMKINS, ANNA 3640 YACHT CLUB DRIVE # 1702 NORTH MIAMI BEACH, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Sheldon Anderson 700 Brickell Ave, 4 FL Miami, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] 9/1/04 305-893-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #