


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759684</b> 1. Entity Name MUSEUM OF CONTEMPORARY ART, INC.	
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Principal Place of Business 770 NE 125TH ST. NORTH MIAMI, FL 33161-5654	Mailing Address 770 NE 125TH ST. NORTH MIAMI, FL 33161-5654
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**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2085261	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ANDERSON, SHELDON MR. 700 BRICKELL AVE, 3 FL MIAMI, FL 33131
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**DO NOT WRITE  
IN THIS SPACE**

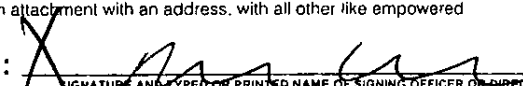
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRBRAGHER, FRANCINE 7000 ISLAND BLVD #2302 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, JACQUELYN MS. 25 PELICAN DR FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAMAN, IRMA ONE INDIAN CREEK ISLAND MIAMI BEACH, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEARWATER, BONNIE 770 NE 125TH STREET NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NASH, CYNTHIA MRS. 1433 W. 22 STREET MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, SHELDON 700 BRICKELL AVE. 4 FL MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

U00000897373  
04/25/08-80046-003 61.25

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	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/11/08</b> <b>305893-6211</b> <small>Date Daytime Phone #</small>