

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90252 028 ***150.00

DOCUMENT # F96000001802
 1. Entity Name
 TRUMP MANAGEMENT, INC.



Principal Place of Business: 4000 ISLAND BOULEVARD, NORTH MIAMI BEACH, FL 33160
 Mailing Address: 4000 ISLAND BOULEVARD, NORTH MIAMI BEACH, FL 33160

94075573



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0633925
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET, SUITE 105
 TALLAHASSEE, FL 32301

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: _____ (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CD NAME: TRUMP, EDDIE STREET ADDRESS: 4000 ISLAND BLVD CITY-STATE-ZIP: NO. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DEVP NAME: LIEB, JAMES M STREET ADDRESS: 4000 ISLAND BLVD CITY-STATE-ZIP: NO. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: TRUMP, JULIUS STREET ADDRESS: 4000 ISLAND BLVD CITY-STATE-ZIP: NO. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AVP NAME: TORPEY, CARITE STREET ADDRESS: 7900 ISLAND BLVD CITY-STATE-ZIP: N MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVPS NAME: HIRSCH, MARK S STREET ADDRESS: 405 LEXINGTON AVE CITY-STATE-ZIP: NEW YORK, NY 10174	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP NAME: WEISS, KEN STREET ADDRESS: 4000 ISLAND BLVD CITY-STATE-ZIP: NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE: VP NAME: AMRANI, AYELET STREET ADDRESS: 405 LEXINGTON AVE. CITY-STATE-ZIP: NEW YORK, NY 10174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 607, 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: *Carite L. Torpey* 4/22/04 732-390-9400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation

Carite L. Torpey, AVP