2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M16382

1. Entity Name
THE FORTRESS - MIAMI CORPORATION

02-17100-01
FILED
05 SEP 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07132005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
ONE DESIGN CENTER PLACE SUITE 715 BOSTON, MA 02210	ONE DESIGN CENTER PLACE SUITE 715 BOSTON, MA 02210

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 59-2546247 ☐ 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
JONES, KIM 1630 N.E. 1ST AVENUE MIAMI, FL 33132	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)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THORNE, SIGRID P ONE DESIGN CENTER PLACE #715 BOSTON, MA 02210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEVIS-THORNE, LADD M ONE DESIGN CENTER PLACE #715 BOSTON, MA 02210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000059748780 09/19/05--01058--018 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYNNE, FREDERICK ONE DESIGN CENTER PLACE #715 BOSTON, MA 02210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHOOLMAN, ALAN ONE DESIGN CENTER PLACE #715 BOSTON, MA 02210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARRAR, ROSS ONE DESIGN CENTER PLACE #715 BOSTON, MA 02210 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Sigrid P. Thorne, CEO. August 30, 2005 (617) 778-302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #