


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N00410 1. Entity Name GREATER MIAMI CONVENTION AND VISITORS BUREAU, INC.	
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Principal Place of Business 701 BRICKELL AVE SUITE 2700 MIAMI, FL 33131	Mailing Address 701 BRICKELL AVE SUITE 2700 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2383735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUGHERTY, LUCIA A. ESQ 1221 BRICKELL AVE MIAMI, FL 33131

**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 reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HALL, JOHN 801 BRICKELL AVE STE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PALMER, ANA 6619 SOUTH DIXIE HWY STE 381 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRESCOTT, GENE 1200 ANASTASIA AVE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PEEBLES, DONAHUE 500 BILTMORE WAY STE 970 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAM, TALBERT D III 701 BRICKELL AVE SUITE 2700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SASTRE, MARIA 1050 CARIBBEAN WAY MIAMI, FL 33132

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02/14/05-80058-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  William D. Talbert	Date _____	Daytime Phone # 305-539-3032
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		