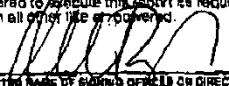


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FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90251 011 ****70.00

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

DOCUMENT # N03000005954			
1. Entity Name MILLENNIUM TOWER MASTER ASSOCIATION, INC.			
Principal Place of Business 1435 BRICKELL AVE MIAMI, FL 33131		Mailing Address 1435 BRICKELL AVE SUITE 2300 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 1435 BRICKELL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA
4. FEI Number 11-3698910		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Filing Fee is \$81.25 Due by May 1, 2005	
7. Name and Address of Current Registered Agent DOUGLAS, OLIVIA 1435 BRICKELL AVE MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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			
(NOTE: Register of Agents Signature required when filing this report)			
Filing Fee is \$81.25 Due by May 1, 2005		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 10	
TITLE	VD	TITLE	
NAME	GULITTI, JOE	NAME	
STREET ADDRESS	1995 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	GINSBERG, MICHELLE	NAME	
STREET ADDRESS	1995 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	WIERZEL, EDWARD	NAME	
STREET ADDRESS	1995 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	DOUGLAS, OLIVIA	NAME	
STREET ADDRESS	1995 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MARTINEZ, ELENA	NAME	
STREET ADDRESS	1995 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PRESS, AMY	NAME	
STREET ADDRESS	1995 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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 prepare 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 information.			
SIGNATURE:  DATE Daytime Phone			

20044690



04142005 Chg-NP CR2EC37 (10/03)