

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N05000012288

1. Entity Name
MIAMI ARCHITECTURE PROJECT, INC.



Principal Place of Business
915 JEFFERSON AVENUE
SUITE 3C
MIAMI BEACH, FL 33139

Mailing Address
915 JEFFERSON AVENUE
SUITE 3C
MIAMI BEACH, FL 33139



04032007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
86-1161399

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DONNELLY, JAMES F
915 JEFFERSON AVENUE
SUITE 3C
MIAMI BEACH, FL 33139

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

U00000694542
04/17/07-80023-014 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, RANDALL
STREET ADDRESS	201 71ST STREET #370
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VPD
NAME	SHULMAN, ALLAN
STREET ADDRESS	100 NE 38TH STREET - SPACE 2
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	STD
NAME	DONNELLY, JAMES F
STREET ADDRESS	915 JEFFERSON AVENUE #3C
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

James F. Donnelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.03.07 305.532.1441

Date

Daytime Phone #