

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**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

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**



02252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

86-1161399

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



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

U00000898387  
04/25/08-80086-009 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	

**DO NOT WRITE  
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

04.10.08 305-532-1441

Date

Daytime Phone #