2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11079

Apr 29, 2005 Secretary of State

Entity Name: THE MIAMI-DADE BEACON COUNCIL, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O FRANK NERO 80 S.W. 8 ST., STE. 2400 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

C/O FRANK NERO 80 S.W. 8 ST., STE. 2400 MIAMI, FL 33130

FEI Number: 59-2603574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NERO, FRANK NERO, FRANK R CEO 80 S.W. 8 ST., 80 S.W. 8 ST., STE. 2400 SUITE 2400 MIAMI, FL 33130 MIAMI, FL 33130 US

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.

SIGNATURE: FRANK R. NERO 04/29/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition CARCIA-VELEZ, CALIXTO MOLLERE, BENJAMIN Name: Name: 8750 DORAL BLVD. 7TH FLOOR Address: 1200 ANASTASIA AVENUE Address:

City-St-Zip: MIAMI, FL 33178 City-St-Zip: CORAL GABLES, FL 33134

Title: CED () Delete Title: (X) Change () Addition

GARCIA-VELEZ, CALIXTO Name: KASDIN, NEISEN Name: Address: 8750 DORAL BLVD 7TH FLOOR Address: 2 SOUTH BISCAYNE BOULVARD, SUITE 3400

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33131

Title: () Delete Title: (X) Change () Addition

PALLOT, JOSEPH THOMPSON, PATRICIA Name: Name:

Address: 777 BRICKELL AVENUE 100 SE SECOND STREET Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: TD () Delete Title: TD (X) Change () Addition MUSIBY, CARLOS Name: Name: TZUR. AVIV

9130 S DADELAND BLVD Address: Address: 3420 NW 53RD STREET City-St-Zip: MIAMI, FL 33131 City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CEOD () Delete Title: () Change () Addition

NERO, FRANK Name: Name: 80 ST 8 STREET Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MOLLERE, BENJAMIN Name: Name: Address: 1200 ANASTASIA AVE Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK R. NERO CEOD 04/29/2005

Electronic Signature of Signing Officer or Director

Date