2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N39005

Entity Name: DO THE RIGHT THING OF MIAMI, INC.

Current Principal Place of Business:

400 N.W. 2ND AVE.
ROOM 206-B
MIAMI, FL 33128 US

New Principal Place of Business:

Current Mailing Address:

400 N.W. 2ND AVE.
ROOM 206-B
MIAMI, FL 33128 US

New Mailing Address:

FEI Number: 65-0207781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKISON, JODI
400 N.W. 2ND AVENUE
ROOM 206-B
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SMITH, DR. MARZELL	
Address:	400 N.W. 2ND AVENUE	
City-St-Zip:	MIAMI, FL 33128	
Title:	T	( ) Delete
Name:	SPRING, LARRY	
Address:	444 SW 2 AVE 5TH FLOOR	
City-St-Zip:	MIAMI, FL 33128	
Title:	SD	( ) Delete
Name:	DEVANE, CAROL GREER	
Address:	400 N.W. 2ND AVE.	
City-St-Zip:	MIAMI, FL 33128	
Title:	D	( ) Delete
Name:	CARLIN, DONALD	
Address:	400 N.W. 2ND AVE.	
City-St-Zip:	MIAMI, FL 33128	
Title:	D	( ) Delete
Name:	ATKISON, JODI	
Address:	400 N.W. 2ND AVE.	
City-St-Zip:	MIAMI, FL 33128	
Title:	D	( ) Delete
Name:	BRANDELL, RONA	
Address:	400 N.W. 2ND AVE.	
City-St-Zip:	MIAMI, FL 33128	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: JODI ATKISON D 04/26/2005

Electronic Signature of Signing Officer or Director — Date