


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000799 1. Entity Name THE I HAVE A DREAM FOUNDATION OF MIAMI, INC.	
--	---

Principal Place of Business 400 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160	Mailing Address 400 ISLAND BLVD, PH4 WILLIAMS ISLAND, FL 33160
--	--

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0570404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BILZIN, BRIAN BILZIN SUMBERG BRENA PRICE & AXELROD 200 SOUTH BISCAYNE BLVD., 25TH FLOOR MIAMI, FL 33131

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMP, STEPHANIE 7900 ISLAND BOULEVARD WILLIAMS ISLAND, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMP, EDDIE 7900 ISLAND BOULEVARD WILLIAMS ISLAND, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILZIN, BRIAN 2324 NORTH BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000181311
01/14/05-80044-002 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Stephanie Trump SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 1-10-05 Daytime Phone #
--	--