

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 003 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 739337
 1. Entity Name
 DOWNTOWN MIAMI PARTNERSHIP, INC.



Principal Place of Business Mailing Address
 25 S.E. SECOND AVENUE 25 S.E. SECOND AVENUE
 SUITE #1007 SUITE #1007
 MIAMI, FL 33131 US MIAMI, FL 33131 US

54032298



03232004 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
 59-1763641 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GELOTTE, LUCIA *Goyanes, Jose A.*
 8 SE 2ND AVENUE *4 SE 1 Street*
 SUITE 909 *Miami FL 33131*
 MIAMI, FL 33134

**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: *Jose A. Goyanes* DATE: *4/1/04*

Signature, name, or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PT Cochran, Tracy</i>
NAME	GELOTTE, LUCIA
STREET ADDRESS	<i>8 S.E. 2ND AVENUE, #909 25 SE 2 Ave #1007</i>
CITY-ST-ZIP	<i>MIAMI, FL 33131</i>
TITLE	P
NAME	IMBRONE, PAUL
STREET ADDRESS	25SE AVE 1007
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<i>D Hart David</i>
NAME	HERRERA, PROSPERO
STREET ADDRESS	25SE 2 AVE 1007
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	KOZOLCHYK, BORIS
STREET ADDRESS	25 S.E. 2ND AVENUE, #1007
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	IMBRONE, PAUL
STREET ADDRESS	25 SE 2ND AVENUE, #1007
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	GOYANES, JOSE
STREET ADDRESS	25 SE 2 AVE 1007
CITY-ST-ZIP	MIAMI, FL 33131

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 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: *Paul Imbrone* DATE: *4/1/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #