


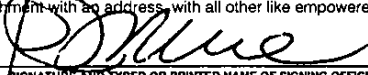
**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90075 043 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

40057608



<b>DOCUMENT # 739337</b>			
1. Entity Name <b>DOWNTOWN MIAMI PARTNERSHIP, INC.</b>			
Principal Place of Business <b>25 S.E. SECOND AVENUE SUITE #1007 MIAMI, FL 33131 US</b>		Mailing Address <b>25 S.E. SECOND AVENUE SUITE #1007 MIAMI, FL 33131 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04072005 Chg-NP CR2E037 (10/03)	
		4. FEI Number <b>59-1763641</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GOYANES, JOSE A 4 SE 1 STREET MIAMI, FL 33131</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, TRACY	NAME	
STREET ADDRESS	25 SE 2 AVE # 1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMBRONE, PAUL	NAME	
STREET ADDRESS	25SE AVE 1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, DAVID	NAME	
STREET ADDRESS	25SE 2 AVE 1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZOLCHYK, BORIS	NAME	
STREET ADDRESS	25 S.E. 2ND AVENUE, #1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IMBRONE, PAUL	NAME	Oliveira, Horacio
STREET ADDRESS	25 SE 2ND AVENUE, #1007	STREET ADDRESS	25 SE 2 Ave. # 1007
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI FL 33131
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOYANES, JOSE	NAME	
STREET ADDRESS	25 SE 2 AVE 1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
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: 		Date: <b>4/13/05</b> Daytime Phone #: <b>305 379-7070</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			