


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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



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



03282006 No Chg-NP CR2E037 (11/05)

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| | |
|--|--------------------------------|
| 4. FEI Number 59-1743641 | Applied Not App |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 GOYANES, JOSE A
 4 SE 1 STREET
 MIAMI, FL 33131

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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 understand, the obligations of registered agent.

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

| | |
|---|---|
| Filing Fee is \$81.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | T |
| NAME | COCHRAN, TRACY |
| STREET ADDRESS | 25 SE 2 AVE # 1007 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | P |
| NAME | IMBRONE, PAUL |
| STREET ADDRESS | 25SE AVE 1007 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | D |
| NAME | HART, DAVID |
| STREET ADDRESS | 25SE 2 AVE 1007 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | V |
| NAME | KOZOLCHYK, BORIS |
| STREET ADDRESS | 25 S.E. 2ND AVENUE, #1007 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | D |
| NAME | OLIVEIRA, HORACIO |
| 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 |

04/13/06 08:05:01 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

Jose Goyanes *Paul Imbrone*