

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90023 014 ****70.00



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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **#240**

3. Mailing Address
 Suite, Apt. #, etc. **#240**

01242008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1743641

Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name **Josie Correa**
 Street Address (P.O. Box Number is Not Acceptable)
25 SE 2 Ave # 240
 City **Miami** FL Zip Code **33131**

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 **3/22/08**

Signature, typed 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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	COCHRAN, TRACY	
STREET ADDRESS	25 SE 2 AVE # 1007	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	IMBRONE, PAUL	
STREET ADDRESS	25SE AVE 1007	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HART, DAVID	
STREET ADDRESS	25SE 2 AVE 1007	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOZOLCHYK, BORIS	
STREET ADDRESS	25 S.E. 2ND AVENUE, #1007	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVEIRA, HORACIO	
STREET ADDRESS	25 SE 2ND AVENUE, #1007	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	RESSLER, GARY	
STREET ADDRESS	169 E. FLAGLER ST #1600	
CITY-ST-ZIP	MIAMI, FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LITNGOLD	
STREET ADDRESS	19 W FLAGLER ST #310	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESSLER, GARY	
STREET ADDRESS	169 E FLAGLER ST #1600	
CITY-ST-ZIP	MIAMI FL 33131	

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3/22/08** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR