


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

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 742560	
1. Entity Name MIAMI MUSIC TEACHERS ASSOCIATION, INC.	

Principal Place of Business C/O SIMPSON 8167 150 CT N PALM BEACH GARDENS, FL 33418 US	Mailing Address C/O SIMPSON 8167 150 CT N PALM BEACH GARDENS, FL 33418 US
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DO NOT WRITE IN THIS SPACE



03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6153116	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

SIMPSON, PATRICIA
8167 150 CT N
PALM BEACH GARDENS, FL 33418

**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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBANEZ, VICTORIA 9080 SW 140 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAM, CYNTHIA 14323 SW 80 AVE. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMPSON, PATRICIA 8167 150 CT N WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKSTEIN, ROSALINA DR. 5360 SW 87 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELD, JANICE 5120 SW 87 AVE. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

03/21/05-81057-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia Simpson Patricia Simpson 3-17-05 561-743-9625

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