


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90359 004 ****61.25

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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60029623



2. Principal Place of Business		3. Mailing Address		03112006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-6153116	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SIMPSON, PATRICIA 8167 150 CT N PALM BEACH GARDENS, FL 33418				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBANEZ, VICTORIA			NAME	IBANEZ, VICTORIA		
STREET ADDRESS	9080 SW 140 ST			STREET ADDRESS	9080 SW 140 ST		
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	Miami FL 33176		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KAM, CYNTHIA			NAME	HESS, JAY		
STREET ADDRESS	14323 SW 80 AVE.			STREET ADDRESS	6840 SW 40 ST, #211		
CITY-ST-ZIP	MIAMI, FL 33158			CITY-ST-ZIP	Miami FL 33155		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIMPSON, PATRICIA			NAME	BERBERIAN, MARINA		
STREET ADDRESS	8167 150 CT N			STREET ADDRESS	436 Almeria Ave		
CITY-ST-ZIP	WEST PALM BEACH, FL 33418			CITY-ST-ZIP	Coral Gables FL 33134		
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SACKSTEIN, ROSALINA DR.			NAME	SANCHEZ, DEBORA		
STREET ADDRESS	5360 SW 87 AVE.			STREET ADDRESS	15020 SW 53 terrace		
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	Miami FL 33185		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELD, JANICE			NAME			
STREET ADDRESS	5120 SW 87 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Patricia Simpson **PATRICIA SIMPSON** 4-18-06 561-743-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #