


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 742560 1. Entity Name MIAMI MUSIC TEACHERS ASSOCIATION, INC.	
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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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02282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6153116	Applied For <input type="checkbox"/> 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, 2008**

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	D IBANEZ, VICTORIA 9080 SW 140 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUENCA, CARMEN 8810 SW 17 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, MEGAN 51 SW 11 ST 936 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMPSON, PATRICIA 8167 150 CT N PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, DEBORA 15020 SW 53 TERR MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, JAY 6840 SW 40 ST 211 MIAMI, FL 33155

U00000844663
03/13/08-80009-003 61.25

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

SIGNATURE: Patricia Simpson Patricia Simpson 2-28-08 561-743-9625

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