


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90359 003 ****61.25

DOCUMENT # 746035					
1. Entity Name MIAMI MUSIC TEACHERS FOUNDATION, 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03112006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1890244	
				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			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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAM, CYNTHIA		NAME	BERBERIAN, MARINA	
STREET ADDRESS	14323 SW 80 AVE.		STREET ADDRESS	436 Almeria Ave	
CITY-ST-ZIP	PALMETTO BAY, FL 33158		CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACKSTEIN, ROSALINA		NAME	HESS, JAY	
STREET ADDRESS	5360 S.W. 87TH AVE.		STREET ADDRESS	6840 SW 40 ST, #211	
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Miami FL 33155	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, PATRICIA		NAME	SANCHEZ, DEBORA	
STREET ADDRESS	8167 150 CT N		STREET ADDRESS	15020 SW 53 Terrace	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	Miami FL 33185	
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 STREET		STREET ADDRESS	9080 SW 140 ST	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	miami FL 33176	
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: <i>Patricia Simpson</i> PATRICIA SIMPSON		4-18-06		561-743-9625	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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