

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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
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02282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1890244	Applied For Not Applicable
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6. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 re-registering) 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	PD CUENEA, 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 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 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 6140 SW 40 ST 211 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBANEZ, VICTORIA 9080 SW 40TH ST MIAMI, FL 33176

U00000844673
 03/13/08-80009-013 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 #