


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90105 032 ****61.25

DOCUMENT # 750878

1. Entity Name
 MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
 700 S ROYAL POINCIANA BLVD
 SUITE 400
 MIAMI, FL 33166

Mailing Address
 700 S ROYAL POINCIANA BLVD
 SUITE 400
 MIAMI, FL 33166

24043869



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01152004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-2090044

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KINNEY, TERESA KING
 700 S ROYAL POINCIANA BLVD
 SUITE 400
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALLADOR, DEBORAH	
STREET ADDRESS	100 ALMERIA AVE #230	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHEFFMAN, TAMRA	
STREET ADDRESS	4600 ROYAL PALM AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	BYRNE, THOMAS E	
STREET ADDRESS	6150 SW 76 ST	
CITY-ST-ZIP	SOUTH MIAMI, FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	KINNEY KING, TERESA	
STREET ADDRESS	700 S ROYAL POINCIANA BLVD # 400	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: 4/13/04 DAYTIME PHONE #: (305) 468-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR