

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

06 JAN 18 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-06



E. Peterson JAN 18 2005  
07062005 Chg-P CR2E034 (10/03)

**DOCUMENT # M50543**  
1. Entity Name  
**MIAMI EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business  
**8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176-2118**

Mailing Address  
**8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176-2118**

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

3. Mailing Address  
**8900 N Kendall Drive**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

Zip  
**33176-2118**

Country  
**USA**

4. FEI Number  
**59-2813838**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KATZEN, BARRY T  
1125 SAN PEDRO AVE  
CORAL GABLES, FL 33143**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATZEN, BARRY T</b> <b>1125 SAN PEDRO AVENUE</b> <b>CORAL GABLES, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900065566599</b> <b>02/10/06--01019--023 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, GARY J</b> <b>8900 NORTH KENDALL DRIVE</b> <b>MIAMI, FL 331762118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700061911377</b> <b>12/05/05--01052--006 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENENATI, JAMES F</b> <b>8900 NORTH KENDALL DRIVE</b> <b>MIAMI, FL 331762118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZEMEL, GERALD</b> <b>8900 NORTH KENDALL DRIVE</b> <b>MIAMI, FL 331762118</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWELL, ALEX</b> <b>8900 NORTH KENDALL DR</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Barry T. Katzen, M.D. 9/7/05 0807 596-5990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #