


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

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



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

Mailing Address
C/O BARRY T. KATZEN, M.D.
8900 N. KENDELL DRIVE
MIAMI, FL 33176-2118



07232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2813838	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZEN, BARRY T
1125 SAN PEDRO AVE
CORAL GABLES, FL 33143

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8. The above named entity admits 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: *[Signature]* Barry T. Katzen, M.D. DATE: 7-23-07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KATZEN, BARRY T
STREET ADDRESS	1125 SAN PEDRO AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	D
NAME	BENENATI, JAMES F
STREET ADDRESS	8900 NORTH KENDALL DRIVE
CITY-ST-ZIP	MIAMI, FL 331762118
TITLE	D
NAME	ZEMEL, GERALD
STREET ADDRESS	8900 NORTH KENDALL DRIVE
CITY-ST-ZIP	MIAMI, FL 331762118
TITLE	D
NAME	POWELL, ALEX
STREET ADDRESS	8900 NORTH KENDALL DR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: *[Signature]* DATE: 7/22/07 786-596-5990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR