2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005144

Entity Name: MIAMI BEACH EDUCATION FOUNDATION, INC.

FILED Jul 13, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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C/O LAW OFFICE OF S. DAVID SHEFFMAN MIAMI BEACH CHAMBER OF COMMERCE

1111 LINCOLN RD., #400 1920 MERIDIAN AVE.
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

PO BOX 403226 MIAMI BEACH CHAMBER OF COMMERCE MIAMI BEACH, FL 33140 1920 MERIDIAN AVE.

1920 MERIDIAN AVE. MIAMI BEACH, FL 33139

FEI Number: 31-1735967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEFFMAN, S. DAVID

1111 LINCOLN RD., #400

KALLERGIS, WENDY
1920 MERIDIAN AVE

MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US

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.

SIGNATURE: WENDY KALLERGIS 07/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PRES (X) Change () Addition

 Name:
 COLLER, LESLIE
 Name:
 GUTIERREZ, SARA

 Address:
 5301LA GORCE DR.
 Address:
 1000 BRICKELL AVE SUITE 315

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33131

Title: D () Delete Title: SEC (X) Change () Addition Name: GROFF, SHELLY Name: KRIEGER, MATTHEW

Address: PO BOX 403226 Address: 500 SOUTH POINTE DRIVE SUITE 230

City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete Title: O (X) Change () Addition Name: RAMOS, KATE Name: TRIESTER, LISA

Address: PO BOX 403226 Address: 420 LINCOLN RD. #335
City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete Title: O (X) Change () Addition

 Name:
 BLAKEMAN, KATHRYN
 Name:
 POWERS, JACQUELYNN

 Address:
 PO BOX 403226
 Address:
 3171 SHERIDAN AVE

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI BEACH, FL 33140

Title: D () Delete Title: O (X) Change () Addition

 Name:
 TANDY, HEIDÍ
 Name:
 CASTILLO, DEBBIE

 Address:
 4825 LAKEVIEW DR
 Address:
 1601 COLLINS AVE.

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: D (X) Delete Title: () Change () Addition

 Name:
 HOWARD, ELSIE
 Name:

 Address:
 PO BOX 403226
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33140
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA GUTIERREZ D 07/13/2007