


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005094
 1. Entity Name
 SCHOOL DEVELOPMENT FOUNDATION, INC.



Principal Place of Business: 11515 SW 60 ST. MIAMI, FL 33173
 Mailing Address: 11515 SW 60 ST. MIAMI, FL 33173

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06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 20-0878977 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARRASITA, JORGE J
 11515 SW 60 ST.
 MIAMI, FL 33173

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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 reinstating) DATE: _____

Filing Fee is \$61.25 Due by September 7, 2005
 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: ARRASITA, JORGE J STREET ADDRESS: 11515 SW 60 ST. CITY-ST-ZIP: MIAMI, FL 33173	
TITLE: VD NAME: CABANILLA, ENRIQUE J STREET ADDRESS: 4117 ALHAMBRA CIRCLE CITY-ST-ZIP: CORAL GABLES, FL 33146	
TITLE: TD NAME: ESOINA, GERMAN STREET ADDRESS: 260 NW 107TH AVE. #214 CITY-ST-ZIP: MIAMI, FL 33172	
TITLE: SD NAME: CASAS, LUIS STREET ADDRESS: 6899 SW 82ND CT. CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: D NAME: FUMERO, MARIO H STREET ADDRESS: 7525 SW 72ND CT. CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

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 07/05/05-80029-002 61.25

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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: Jorge J Arrastia JORGE J ARRASITA 6/29/05 (305) 274-4889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #