

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 770890	
1. Entity Name THE MIAMI CHILDREN'S MUSEUM, INC.	
Principal Place of Business 980 MACARTHUR CSWY MIAMI, FL 33132 US	Mailing Address 980 MACARTHUR CSWY MIAMI, FL 33132 US



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2396999	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAJ KUMAR, KAMELA ISABEL BLANCO 980 MACARTHUR CSWY MIAMI, FL 33132
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IN THIS SPACE**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 02/15/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARDO, ADRIENNE 1221 BRICKELL AVE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARED, CARLOS 5800 NW 74TH AVE, SUITE 201 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVINE, MARIANNE 1717 S BAYSHORE DR COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGELMAN, DEBORAH 980 MACARTHUR CSWY. MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LEE, RANDALL 8900 N. KENDALL DR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERALD, SARA 2800 PONCE DE LEON, 15TH FLOOR CORAL GABLES, FL 33134

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03/02/07-80020-020 61.25

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IN THIS SPACE**

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 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: *[Signature]* **CHIEF FINANCIAL OFFICER** 02/15/07 (305)373-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #