


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 746035
 1. Entity Name
 MIAMI MUSIC TEACHERS FOUNDATION, INC.



Principal Place of Business C/O SIMPSON 8167 150 CT N PALM BEACH GARDENS, FL 33418 US	Mailing Address C/O SIMPSON 8167 150 CT N PALM BEACH GARDENS, FL 33418 US
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03172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1890244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SIMPSON, PATRICIA
 8167 150 CT N
 PALM BEACH GARDENS, FL 33418

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2005

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	VD KAM, CYNTHIA 14323 SW 80 AVE. PALMETTO BAY, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKSTEIN, ROSALINA 5360 S.W. 87TH AVE. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMPSON, PATRICIA 8167 150 CT N PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBANEZ, VICTORIA 9080 SW 140 STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELD, JANICE 5120 SW 87 AVE. MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U60000271740
 03/21/05-80057-015 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)(f), 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: Patricia Simpson Patricia Simpson 3-17-05 561-743-9625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #