

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90082 020 ****61.25

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

4...



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 59-1890244

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, PATRICIA
 8167 150 CT N
 PALM BEACH GARDENS, FL 33418

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD Delete
 NAME BERBERIAN, MARINA
 STREET ADDRESS 436 ALMERIA AVE
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE PD Change Addition
 NAME Carmen Cuenca
 STREET ADDRESS 8810 SW 17 ST
 CITY-ST-ZIP Miami FL 33165

TITLE D Delete
 NAME SACKSTEIN, ROSALINA
 STREET ADDRESS 5360 S.W. 87TH AVE.
 CITY-ST-ZIP MIAMI, FL 33165

TITLE VD Change Addition
 NAME Megan Walsh
 STREET ADDRESS 51 SW 11 ST 936
 CITY-ST-ZIP Miami FL 33130

TITLE TD Delete
 NAME SIMPSON, PATRICIA
 STREET ADDRESS 8167 150 CT N
 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE S Change Addition
 NAME Neusa Kervel
 STREET ADDRESS 6255 SW 56 ST
 CITY-ST-ZIP Miami FL 33155

TITLE PD Delete
 NAME HESS, JAY
 STREET ADDRESS 6840 SW 40TH ST #211
 CITY-ST-ZIP MIAMI, FL 33155

TITLE + Change Addition
 NAME Debora Sanchez
 STREET ADDRESS 15020 SW 53 Terr
 CITY-ST-ZIP Miami FL 33185

TITLE SD Delete
 NAME SANCHEZ, DEBORA
 STREET ADDRESS 15020 SW 53DR TERRACE
 CITY-ST-ZIP MIAMI, FL 33185

TITLE D Change Addition
 NAME Jay Hess
 STREET ADDRESS 6840 SW 40 ST 211
 CITY-ST-ZIP Miami FL 33155

TITLE D Delete
 NAME IBANEZ, VICTORIA
 STREET ADDRESS 9080 SW 40TH ST
 CITY-ST-ZIP MIAMI, FL 33176

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Patricia Simpson Patricia Simpson 4-17-07 561-743-9625
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #