

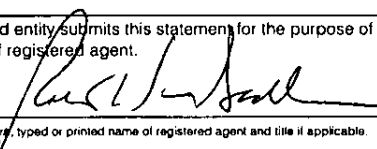
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

628-0-80

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750878 1. Entity Name MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 700 S ROYAL POINCIANA BLVD SUITE 400 MIAMI, FL 33166			Mailing Address 700 S ROYAL POINCIANA BLVD SUITE 400 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2090044	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KINNEY, TERESA KING 700 S ROYAL POINCIANA BLVD SUITE 400 MIAMI, FL 33166				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  CAO 9/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLEDOR, DEBORAH		NAME	100109872031	
STREET ADDRESS	700 S. ROYAL POINCIANA BLVD., STE 601		STREET ADDRESS	09/25/07--01007--016 **61.25	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEFFMAN, TAMRA		NAME		
STREET ADDRESS	4600 ROYAL PALM AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	PVD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRNE, THOMAS E		NAME		
STREET ADDRESS	6150 SW 76 ST		STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI, FL		CITY-ST-ZIP		
TITLE	M		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINNEY KING, TERESA		NAME		
STREET ADDRESS	700 S ROYAL POINCIANA BLVD # 400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  CAO 9/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					