



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 750878 1. Entity Name MIAMI BOARD OF REALTORS EDUCATIONAL FOUNDATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2090044	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

**KINNEY, TERESA KING
700 S ROYAL POINCIANA BLVD
SUITE 400
MIAMI, FL 33166**

**DO NOT WRITE
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 Teresa Kinney CEO DATE 1/10/08

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEDOR, DEBORAH 700 S. ROYAL POINCIANA BLVD., STE 601 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEFFMAN, TAMRA 4600 ROYAL PALM AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BYRNE, THOMAS E 6150 SW 76 ST SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M KINNEY KING, TERESA 700 S ROYAL POINCIANA BLVD # 400 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/23/08-80098-012 61.25

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:  Date 1-15-08 Daytime Phone # 305 468 7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR