


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90108 025 ****61.25

DOCUMENT # N00000005144
 1. Entity Name
MIAMI BEACH EDUCATION FOUNDATION, INC.



Principal Place of Business
C/O LAW OFFICE OF S. DAVID SHEFFMAN
1111 LINCOLN RD., #802
MIAMI BEACH, FL 33139

Mailing Address
PO BOX 403226
MIAMI BEACH, FL 33140

19006226



2. Principal Place of Business
 Suite, Apt. #, etc.
Suite 400

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number
31-1735967

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SHEFFMAN, S. DAVID
1111 LINCOLN RD., #802
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1111 Lincoln Road Suite 400 (change of members only)
 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 _____ DATE _____
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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	D COLLER, LESLIE 5301 LAGRÔCE DR. MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glode, Lisa Marie 5333 Collins Ave. #608 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROFF, SHELLEY PO BOX 403226 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howard, Elsie 4425 Lakeriew Dr. Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, KATE PO BOX 403226 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tandy, Heidi 2630 Flamingo Dr. Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D Weinstein, Lorne Sherbill 9 Island Avenue, #1614 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shelley Groff 4/19/04 305-588-7523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #