


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90246 002 \*\*\*\*61.25

<b>DOCUMENT # N00000005144</b>							
1. Entity Name <b>MIAMI BEACH EDUCATION FOUNDATION, INC.</b>							
Principal Place of Business C/O LAW OFFICE OF S. DAVID SHEFFMAN 1111 LINCOLN RD., #400 MIAMI BEACH, FL 33139			Mailing Address PO BOX 403226 MIAMI BEACH, FL 33140				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number <b>31-1735967</b>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SHEFFMAN, S. DAVID</b> 1111 LINCOLN RD., #400 MIAMI BEACH, FL 33139			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee Is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	COLLER, LESLIE	NAME	Sherbill Weinstein, Lonnie				
STREET ADDRESS	5301 LAGROUE DR.	STREET ADDRESS	PO Box 403226				
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	miami Beach, FL 33140				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	GROFF, SHELLY	NAME	Winker, David				
STREET ADDRESS	PO BOX 403226	STREET ADDRESS	PO Box 403226				
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	miami Beach, FL 33140				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	RAMOS, KATE	NAME	Hart, Wendy				
STREET ADDRESS	PO BOX 403226	STREET ADDRESS	PO Box 403226				
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	miami Beach, FL 33140				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	GLODE, LISA MARIE	NAME	Petwag, Jason				
STREET ADDRESS	5333 COLLINS AVE #608	STREET ADDRESS	PO Box 403226				
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	miami Beach, FL 33140				
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	HOWARD, ELSIE	NAME	Frasza, Amy				
STREET ADDRESS	4825 LAKEVIEW DR	STREET ADDRESS	PO Box 403226				
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	miami Beach, FL 33140				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TANDY, HEIDI	NAME					
STREET ADDRESS	2630 FLANIGO DR	STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH, FL 33140	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 files empowered.							
SIGNATURE: <i>Leslie Collier</i>		4/20/05		305-861-1937			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			