2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Sep 26, 2008 DOCUMENT# N00000005144 Secretary of State Entity Name: MIAMI BEACH EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: MIAMI BEACH CHAMBER OF COMMERCE 1920 MERIDIAN AVE. MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** MIAMI BEACH CHAMBER OF COMMERCE MIAMI BEACH CHAMBER OF COMMERCE 1920 MERIDIAN AVE. 1920 MERIDIAN AVE. 3RD FLOOR MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 FEI Number: 31-1735967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALLERGIS, WENDY KALLERGIS, WENDY 1920 MERIDÍAN AVE., 3RD FLOOR 1920 MERIDIAN AVE MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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. SIGNATURE: WENDY E. KALLERGIS 09/26/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition GUTIERREZ, SARA Name: Name: 1000 BRICKELL AVE SUITE 315 Address: Address: City-St-Zip: MIAMI BEACH, FL 33131 City-St-Zip: Title: SEC () Delete Title: () Change () Addition KRIEGER, MATTHEW Name: Name: Address: 500 SOUTH POINTE DRIVE SUITE 230 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

Title:

Title:

Address:

City-St-Zip:

Name:

Title: Name:

() Delete TRIESTER, LISA

Address: 420 LINCOLN RD. #335 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Name: POWERS, JACQUELYNN 3171 SHERIDAN AVE Address: City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete CASTILLO, DEBBIE Name:

1601 COLLINS AVE. Address: City-St-Zip: MIAMI BEACH, FL 33139

Address: City-St-Zip:

() Change () Addition

() Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY E. KALLERGIS RΑ 09/26/2008

FILED