

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90232 036 ****70.00

DOCUMENT # N02000004290 1. Entity Name THE MIAMI CHILDREN'S MUSEUM CHARTER SCHOOL, INC.					
Principal Place of Business 6255 BIRD ROAD MIAMI, FL 33155			Mailing Address 6255 BIRD ROAD MIAMI, FL 33155		
2. Principal Place of Business 980 McArthur Causeway		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Beach, FL		City & State		4. FEI Number 47-0924125	
Zip 33130		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		04052006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent TERILLI, SAMUEL A 6255 BIRD ROAD MIAMI, FL 33155				7. Name and Address of New Registered Agent Name NRAI Services, Inc Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4 City Weston FL Zip Code 33331	
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 <u><i>[Signature]</i></u> 4/7/06 <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 May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DT BARED, CARLOS 5800 SW 74 AVENUE MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Terilli, Samuel 100 Southeast 2nd Street Suite 4500 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBY, RUTH DR. 6255 BIRD ROAD MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Leeds, Scott 2400 S Dixie Highway Suite 100 Miami, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, RENE 100 SE 2 STREET #4500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bared, Carlos 5800 NW 74th Avenue Miami, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TERILLI, SAMUEL A JR. 100 SE 2 STREET, #4500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruiz, Rene 100 Southeast 2nd Street Suite 4500 Miami, FL 3331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEEDS, SCOTT 2400 S DIXIE HIGHWAY #100 MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacoby, Ruth 3788 Davie Road Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREER, MARIA 450 SW 4 STREET MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mongeotti-Greer, Maria 980 McArthur Causeway Miami, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/6/06 305-469-2906 <small>Date Daytime Phone #</small>		

ATTACHMENT

50016887
#NO2000004290

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2006 Not-For-Profit Corporation
Annual Report

(cont.)

Miami Children's Museum Charter School, Inc

Officers and Directors

7.

Title	T
Name	Martinez, Ana
Street Address	6255 Bird Road
City-St-Zip	Miami, FL 33155

8.

Title	S
Name	Mallon Linaje, Kelly
Street Address	6255 Bird Road
City-St-Zip	Miami, FL 33155