


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000004290 1. Entity Name THE MIAMI CHILDREN'S MUSEUM CHARTER SCHOOL, INC.						FILED 07 MAY 18 AM 10:59 MIAMI, FLORIDA	
Principal Place of Business 980 MCARTHUR CAUSEWAY MIAMI, FL 33130				Mailing Address 6255 BIRD ROAD MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent NRAI SRVS., INC 2731 EXE PRK DR STE 4 FORT LAUDERDALE, FL 33331				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25				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	DCP TERILLI, SAMUEL 100 SE 2ND ST STE 4500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHEILA POWELL KNOWLES ONE HERALD PLAZA MIAMI, FL 33132		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEEDS, SCOTT 2400 S DIXIE HWY STE 100 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103894047 06/05/07--01014--004 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARED, CARLOS 5800 NW 74TH AVE MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/TREASURER/SECRETARY CARLOS BARED 5800 NW 74 AVENUE MIAMI, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUIZ, RENE 100 SE 2ND ST STE 4500 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT/CHAIR RENE RUIZ 100 SE 2 STREET, STE. 4500 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBY, RUTH 3788 DAVIE RD DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONGEOTTI-GREER, MARIA 980 MCARTHUR CAUSEWAY MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>René Ruiz</i>				4/27/07 (305) 669-2906			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			