

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003501

FILED
Apr 05, 2005
Secretary of State

Entity Name: MIAMI BEACH SECONDARY SCHOOL GIFTED PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

TWO SOUTH BISCAYNE BLVD., STE. 2930
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

TWO SOUTH BISCAYNE BLVD., STE. 2930
MIAMI, FL 33131

New Mailing Address:

FEI Number: 61-1443093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSAK-JIMENEZ, BONNIE J
TWO SOUTH BISCAYNE BLVD., STE. 2930
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREEDMAN, ELLYN
Address: 3180 N. BAY RD.
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD () Delete
Name: LOSAK-JIMENEZ, BONNIE J
Address: 2. S. BISCAYNE BLVD., #2930
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: KAINE, PAT
Address: 170 N.E. 29 ST.
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: ROSENTEIN, EMILY
Address: 4585 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: ROSENSTEIN, EMILY
Address: 4585 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BONNIE J. LOSAK-JIMENEZ

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date