

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N03110
 1. Entity Name
MIAMI BOOK FAIR INTERNATIONAL, INC.



Principal Place of Business 300 NE 2ND AVE SUITE 5501 MIAMI, FL 33132-2297 US	Mailing Address 300 NE 2ND AVE SUITE 5501 MIAMI, FL 33132-2297 US
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01112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2415165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIAMI DADE COLLEGE
 300 NE SECOND AVENUE, SUITE 5501
 MIAMI, FL 33132**

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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: *Alina Interian* DATE: 1/16/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAPLAN, MITCHELL 296 ARAGON AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKIGEN, BARBARA 592 NW 60TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AGYEMAN, JANELL WALDEN 990 N.W. 82 TERRACE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS INTERIAN, ALINA 300 NE 2ND AVE. 5501 MIAMI, FL 331322296
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/08-80061-013 70.00

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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: *Alina Interian* DATE: 1/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #