


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000009764

1. Entity Name
MIAMI-DADE FAMILY LEARNING PARTNERSHIP, INC.



Principal Place of Business 10800 BISCAYNE BLVD. 500 MIAMI, FL 33161	Mailing Address 10800 BISCAYNE BLVD 500 MIAMI, FL 33161
--	---

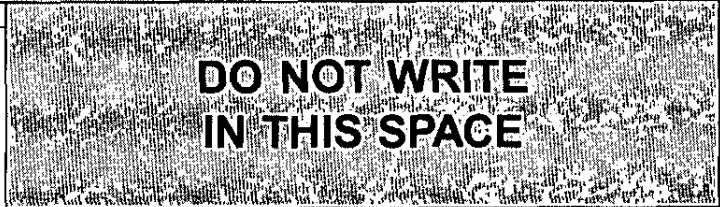


02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1916606	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD R
 201 ALHAMBRA CIR STE 601
 CORAL GABLES, FL 33134**



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 UR (NOTE: Registered Agent signature required when reinstating) DATE

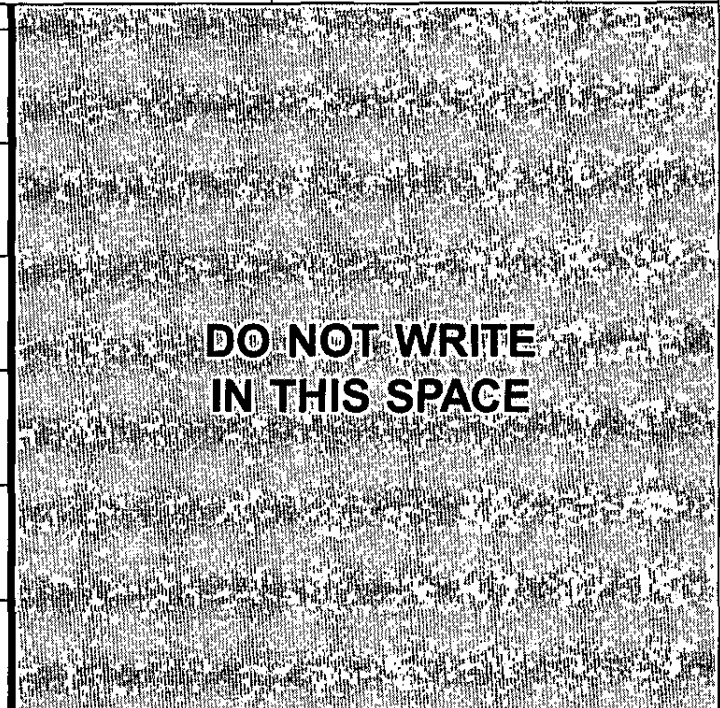
**Filing Fee is \$61.25
 Due by May 1, 2008**

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

000000859154
 04/02/08-80010-017 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, LISA 10800 BISCAYNE BLVD SUITE 500 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, JERROLD 300 S POINTE DR APT 3103 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENZER, ELLEN S JUDGE 6850 S W 115TH ST PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, CHARLES 11900 GRIFFING BLVD BISCAYNE PARK, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: UR Blair President 3/8/2008 305-891-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #