## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N04800

THE ÉDUCATION FUND, INC.



Principal Place of Business

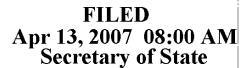
900 NE 125TH ST.

SUITE 110 MIAMI, FL 33161

Mailing Address

900 NE 125TH ST. SUITE 110

MIAMI, FL 33161





04092007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2468114 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RAATTAMA, HENRY H ESQ AKERMAN SENTERFITT & EIDISON PA 1 SE 3RD AVE 28TH FLOOR SUNTRUST INTER MIAMI, FL 33131

8900 NW 18 TERRACE

MIAMI, FL 33132

TORRES, GEORGE

MIAMI, FL 33132

ONE HERALD PLAZA

4299 NW 36 ST STE 203

ROMANI, BARBARA

MIAMI, FL 331782402

VC

**PRES** LECHT, LINDA

MIAMI, FL VC

STREET ADDRESS 8750 DORAL BLVD

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		i			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and bit	e if applicable (NOTE Registered	i Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAPPAS, GARY 100 SE 2ND AVENUE, STE. 4000 MIAMI, FL 33131				U00000707437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/24/07-80072-				04/24/07-80072-024 61.29
TITLE NAME	S RUBIO, NELLY				

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12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #