


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04800</b> 1. Entity Name THE EDUCATION FUND, INC.	
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Principal Place of Business 900 NE 125TH ST. SUITE 110 MIAMI, FL 33161 US	Mailing Address 900 NE 125TH ST. SUITE 110 MIAMI, FL 33161 US
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2468114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000947199 06/02/08-80004-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PAPPAS, GARY 100 SE 2ND AVENUE, STE. 4000 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOAT, LISA 1 GROVE ISLE, #1603 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBIO, NELLY 8900 NW 18 TERRACE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC TORRES, GEORGE ONE HERALD PLAZA MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LECHT, LINDA 4299 NW 36 ST STE 203 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC ROMANI, BARBARA 8750 DORAL BLVD MIAMI, FL 331782402

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IN THIS SPACE**

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:  4/24/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #