


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 048 ****61.25

DOCUMENT # N06170 1. Entity Name MIAMI BEACH ASSOCIATION FOR THE GIFTED, INC.					
Principal Place of Business 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140			Mailing Address 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2490580	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MONTAIGNE, STEPHANIE 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140			Name LILIANA SUAREZ Street Address (P.O. Box Number is Not Acceptable) 4100 Praire Avenue City Miami Beach FL Zip Code 33140		
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 <i>[Signature]</i> LILIANA SUAREZ REGISTERED AGENT 5/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, LAUREN 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARRY BERCU 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODEN, ELAINE 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBARA GELBER 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAGGARO, KAREN 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKIE CLARKER 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOMBARDI, SHARI 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, LEONOR 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUSKY, LORRAINE 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WENDY HART 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i> 5/19/04 305-531 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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