

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90215 043 ****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**

40081432



05012006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2490580

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUAREZ, LILANA
4100 PRAIRE AVENUE
MIAMI BEACH, FL 33140**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ISLESIAS RAMESAR, MARIA CLAIRE NATTOLI
STREET ADDRESS	4100 PRAIRE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD
NAME	PEREZ, SOLANSE
STREET ADDRESS	4100 PRAIRE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VPD
NAME	BLACHER, JACKIE
STREET ADDRESS	4100 PRAIRE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD
NAME	GEUBER, BARBARA
STREET ADDRESS	4100 PRAIRE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	TD
NAME	HERNANDEZ, LEONOR
STREET ADDRESS	4100 PRAIRE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	GRIFE, STEFANIE
STREET ADDRESS	4100 PRAIRE AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140

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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:

LEONOR HERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(TREASURER/DIRECTOR)

776-3829
305-
4/29/06
Daytime Phone #