

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

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90035 029 \*\*\*\*61.25

<b>DOCUMENT # N06170</b>	
1. Entity Name <b>MIAMI BEACH ASSOCIATION FOR THE GIFTED, INC.</b>	
Principal Place of Business <b>4100 PRAIRE AVENUE MIAMI BEACH, FL 33140</b>	Mailing Address <b>4100 PRAIRE AVENUE MIAMI BEACH, FL 33140</b>



03222008 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>59-2490580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>Leigh Kurk</b> <b>4100 PRAIRE AVENUE</b> <b>MIAMI BEACH, FL 33140</b>
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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 <i>Leigh Kurk</i> <small>Signature, type or print name of registered agent and title if applicable.</small>	DATE <b>4/30/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NATTOU, CLAIRE 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Debbie Goodman</i> 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <i>Leslie Gonzalez</i> 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Ana Larden</i> / <i>Heidi Tandy</i> 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140 <i>4100 Praire Ave Mia Bea, FLA 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, LEONOR 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>Lisa Kofsky, Secretary</i> 4100 PRAIRE AVENUE MIAMI BEACH, FL 33140

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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: <i>Leonor Hernandez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4/10</b> <small>Date</small> <b>(305) 776-3829</b> <small>Daytime Phone #</small>