



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N25080</b> 1. Entity Name <b>MIAMI-DADE COUNTY SCHOOL BOARD FOUNDATION, INC.</b>						<b>FILED</b>  05 SEP -8 PM 3:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business 1450 N.E. 2ND AVENUE SUITE 912 MIAMI, FL 33132-8308				Mailing Address 1450 N.E. 2ND AVENUE SUITE 912 MIAMI, FL 33132-8308			
2. Principal Place of Business		3. Mailing Address		05262005 Chg-NP CR2E037 (10/03)  4. FEI Number <b>65-0093213</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CREW, RUDOLPH F</b> <b>1450 NE 2 AVENUE</b> <b>MIAMI, FL 33132</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____				000059739460 09/19/05--01039--011 **61.25 DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
Make check payable to: Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERKOWITZ, MARTIN A 233 S FEDERAL HIGHWAY BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SAN PEDRO, OFELIA 200 N.W. 136 AVENUE MIAMI, FL 33182 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CREW, RUDOLPH F 3920 CRAWFORD AVENUE MIAMI, FL 33133 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLANOS, FRANK J 3024 N. W. 99 PLACE MIAMI, FL 33172 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, EVELYN L 5900 SW 97TH STREET MIAMI, FL 33156 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANTMAN, PERLA T 16181 W. TROON CIRCLE MIAMI LAKES, FL 33014 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARP, MARTIN 3640 YACHT CLUB DRIVE(1509) AVENTURA, FL 33180 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRERA, AGUSTIN J 5030 S. W. 65TH AVENUE MIAMI, FL 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, ANA 10876 SW 89TH STREET MIAMI, FL 33176 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, ROBERT B 1155 SHARAR AVENUE OPA-LOCKA, FL 33054 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTA, PEREZ 1208 AGUILA AVENUE MIAMI, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINSON, SOLOMON C 6900 N. W. 5TH AVENUE MIAMI, FL 33150 <input 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>Ofelia San Pedro</i>				5/31/05 305-995-4581 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							