

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90217 033 ****61.25

DOCUMENT # N49447

1. Entity Name
MIAMI RIGHT TO LIFE EDUCATION FUND, INC.



Principal Place of Business
**2451 BRICKELL AVE 6J
MIAMI, FL 33129**

Mailing Address
**00601 BRICKELL KEY DRIVE
STE 805
MIAMI, FL 33131**

J4010010



2. Principal Place of Business

3. Mailing Address
1441 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1014

04192004 Chg-NP CR2E037 (10/03)

City & State

City & State
Miami, FL 33131

4. FEI Number
65-0344285

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ALLEN & GALEGO
601 BRICKELL KEY DR., STE 805
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **Robert Allen Law**
Street Address (P.O. Box Number is Not Acceptable)
1441 Brickell Avenue
Suite 1014
City **Miami** FL Zip Code **33131**

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 **By: Robert N. Allen, Jr., President** 4-19-04
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, 2004**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PDT | <input checked="" type="checkbox"/> Delete |
| NAME | ALLEN, MARTHA A | |
| STREET ADDRESS | 2451 BRICKELL AVE, APT6J | |
| CITY-ST-ZIP | MIAMI, FL 33129 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WALSH, LAWRENCE | |
| STREET ADDRESS | 8405 NW 8TH STREET APT. 307 | |
| CITY-ST-ZIP | MIAMI, FL 33126 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | TALAMAS, JULIA | |
| STREET ADDRESS | 545 ZAMORA | |
| CITY-ST-ZIP | CORAL GABLES, FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | AUGENSTEIN, MARTHA J | |
| STREET ADDRESS | 2463 SW 13TH STREET | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Allen, Martha A. | |
| STREET ADDRESS | 2451 Brickell Ave, Apt. 6J | |
| CITY-ST-ZIP | Miami, FL 33129 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cordova, Angel | |
| STREET ADDRESS | 780 NW 42nd Avenue #416 | |
| CITY-ST-ZIP | Miami, FL 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **Martha Allen** 4/19/04 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #