


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 041 ****61.25

DOCUMENT # N49447	
1. Entity Name MIAMI RIGHT TO LIFE EDUCATION FUND, INC.	

Principal Place of Business 2451 BRICKELL AVE 6J MAM, FL 33129	Mailing Address 1441 BRICKELL AVE, SOUTH 1014 MAM, FL 33131
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2. Principal Place of Business	3. Mailing Address 40 1441 Brickell Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1400
City & State	City & State Miami FL
Zip	Country
Country	Zip 33131

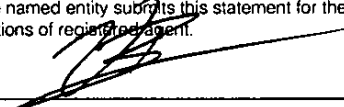
04272005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN LAW, ROBERT 1441 BRICKELL AVE., SOUTH 1014 MIAMI, FL 33131		Name Robert Allen Law	
		Street Address (P.O. Box Number is Not Acceptable)	
		1441 Brickell Ave	
		Suite 1400	
		City	Zip Code
		Miami FL	33131

4. FEI Number 65-0344285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: Umberto Bonavita, Asst. Vice President 4/27/05

(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, MARTHA A			NAME			
STREET ADDRESS	2451 BRICKELL AVE, APT6J			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33129			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, LAWRENCE			NAME			
STREET ADDRESS	8405 NW 8TH STREET APT. 307			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TALAMAS, JULIA			NAME			
STREET ADDRESS	545 ZAMORA			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUGENSTEIN, MARTHA J			NAME			
STREET ADDRESS	2463 SW 13TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORDOVA, ANGEL			NAME			
STREET ADDRESS	780 NW 42ND AVE., #416			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33126			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  4/27/07 305 3723300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #