

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 016 ****61.25



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

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

Mailing Address
**COBRICKELL AVE
 STE 1400
 MAM, FL 33131**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
65-0344285

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
~~ALLEN LAW, ROBERT~~ **Robert Allen Law**
**1441 BRICKELL AVE STE 1400
 MIAMI, FL 33131**

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

7. Name and Address of New Registered Agent
 Name **Robert Allen Law**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	PD	<input 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	T	<input type="checkbox"/> Delete
NAME	CORDOVA, ANGEL	
STREET ADDRESS	780 NW 42ND AVE., #416	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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		

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: Martha A Allen, Martha Allen 5/31/06 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #