


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002250

1. Entity Name
DADE SCHOOLS ATHLETIC FOUNDATION, INC.



Principal Place of Business Mailing Address

1500 BISCAYNE BLVD **PO BOX 432184**
SUITE 343 **MIAMI, FL 33143-2184 US**
MIAMI, FL 33132 US



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01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0440175 Not Applicable

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

6. Name and Address of Current Registered Agent

GARRIGA, IRENE
8501 FRANJO ROAD
MIAMI, FL 33189

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOLLY, DOUGLAS
STREET ADDRESS	5000 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	VEGA, JOE
STREET ADDRESS	9332 SW 127 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD
NAME	BROOKINS, FRANKIE
STREET ADDRESS	16569 S.W. 117TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	TD
NAME	FUTTERMAN, MICHAEL
STREET ADDRESS	ONE S.E. THIRD AVENUE, 10TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/21/05-80104-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: M. Futterman **MICHAEL D. FUTTERMAN, TREASURER** 4/19/05 305-377-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #