




**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90224 018 \*\*\*\*61.25

<b>DOCUMENT # 709786</b>			
1. Entity Name MIAMI DADE COLLEGE FOUNDATION, INC			
Principal Place of Business 401 NE 2 AVE RM 4102 MIAMI, FL 33132		Mailing Address 300 NE 2 AVENUE RM 4102 MIAMI, FL 33132	
2. Principal Place of Business - No P.O. Box # <b>300 NE 2 AVENUE</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>RM 1440</b>		Suite, Apt. #, etc. <b>ROOM 1440</b>	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33132</b>		Country <b>FLA</b>	
4. FEI Number 59-6169745		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KAUFHOLD, GLENN ED, CEO</b> 300 NE 2 AVENUE RM 4102 MIAMI, FL 33132		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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.		DATE <b>4.22.08</b>	
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD ANDERSON, SHELDON 700 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helen Aguirre Ferré 2900 NW 39th Street Miami, Florida 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURIA, ARTHUR J ESQ. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marshall M. Criser III 150 W. Flagle St, Ste 1901 Miami, Florida 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KAUFHOLD, GLENN 300 N.E. 2ND AVENUE, RM 4102 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Augusto Gil 7300 SW 93rd Avenue, Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, JORGE 200 SOUTH BISCAYNE BLVD, 41 FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gregory Gray 11011 SW 104th Street Miami, Florida 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABATER, CARLOS 200 SOUTH BISCAYNE BLVD., SUITE 400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beatrice Louissaint 9499 NE 2nd Av. Suite 201 Miami, Florida 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ana Navarro 1215 Country Club Prado Coral Gables, Florida 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		DATE <b>4/23/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

40095100



04222008 Chg-NP CR2E037 (12/06)

ATTACHMENT

40095783

<p>TD Miguel G. Farra CPA 1001 Brickell Bay Drive, 9<sup>th</sup> Floor Miami, Florida 33131</p>	<p># 709786</p>
<p>D Eduardo Padrón 300 NW 2<sup>nd</sup> Avenue, Suite 1474 Miami, Florida 33132</p>	
<p>D Pedro Pizarro 1111 Brickell Avenue, 10<sup>th</sup> Floor Miami, Florida 33131</p>	
<p>D Peter Roulhac 703 Waterford Way, Suite 590 Miami, Florida</p>	
<p>VD Penny Shaffer 8400 NW 33<sup>rd</sup> Street Doral, Florida 33122</p>	
<p>D Alexandra Villoch One Herald Plaza Miami, Florida 33122</p>	
<p>D Louis Wolfson, III 9400 South Dadeland Blvd, Suite 100 Miami, Florida 33156</p>	