


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N01000004416**

1. Entity Name  
**ARTS FOR LEARNING/MIAMI, INC.**



FILED  
05 NOV 16 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1900 BISCAYNE BLVD SUITE 201  
MIAMI, FL 33132

Mailing Address  
1900 BISCAYNE BLVD SUITE 201  
MIAMI, FL 33132



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

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

10192005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**65-1141598**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AMERICAN INFORMATION SERVICES, INC**  
**ONE SE THIRD AVENUE 28TH FLOOR**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name

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

**Amended AR is \$61.25**

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	M	<input type="checkbox"/> Delete
NAME	GILBERT, JANE	
STREET ADDRESS	1900 BISCAYNE BLVD., STE. 201	
CITY-ST-ZIP	MIAMI, FL 33132	
TITLE	C	<input type="checkbox"/> Delete
NAME	HERRON, JAMES	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. STE 4000	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMPION, JAMES	
STREET ADDRESS	6501 NW 36TH STREET, STE. 300	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDON, KIRK	
STREET ADDRESS	255 ALHAMBRA CIRCLE SUITE 820	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUIRRE, CARMEN M	
STREET ADDRESS	2900 NW 39TH STREET	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BENITEZ, SONIA	
STREET ADDRESS	1408 OBISPO AVE.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300061482483	
CITY-ST-ZIP	11/18/05--01042--004 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ELAINE	
STREET ADDRESS	9721 EAST BAY HARBOR DRIVE, PH	
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154	
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	BENITEZ, LUIS	
STREET ADDRESS	1441 BRICKELL AVE, SUITE 1100	
CITY-ST-ZIP	MIAMI, FL 33131	

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:  **JANE GILBERT** 11/19/05 305 576-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #