
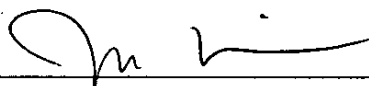
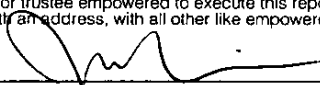


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90216 012 ****61.25

DOCUMENT # N02000007427 1. Entity Name COMMUNITY ARTS AND CULTURE, INC.					
Principal Place of Business 12 N.E. 51 ST. MIAMI, FL 33137			Mailing Address 12 N.E. 51 ST. MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # <div style="text-align: center;"><i>same</i></div>		3. Mailing Address <div style="text-align: center;"><i>same</i></div>			
Suite, Apt. #, etc. <div style="text-align: center;">↓</div>		Suite, Apt. #, etc. <div style="text-align: center;">↓</div>			
City & State <div style="text-align: center;">↓</div>		City & State <div style="text-align: center;">↓</div>			
Zip <div style="text-align: center;">↓</div>	Country <div style="text-align: center;">↓</div>	Zip <div style="text-align: center;">↓</div>	Country <div style="text-align: center;">↓</div>	4. FEI Number 16-1641289	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIAS, JOSE M 12 N.E. 51 ST. MIAMI, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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  <div style="float: right;">DATE</div>					
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, 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	P ELIAS, JOSE M 12 N.E. 51 ST. MIAMI, FL 33137 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABDUL SAMAD MUKHTAR 15 NE 104 ST MIAMI, FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAMBERLIN, FLORENCE ESQ. 221 NE 89 ST. MIAMI, FL 33138 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON ODIBI 7311 ALHAMBRA BLVD MIRAMAR, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELIAS, LEONIDES H 6938 W. 25 CT. HIALEAH, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAIGLE, DIRK P.O. BOX 530388 MIAMI, FL 33153 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORRIS, ROBYN 807 8TH ST. #4 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 			4/28/08 786-218-6854		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		