

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009344

FILED
Aug 19, 2004
Secretary of State**Entity Name:** STUDENT ARTISTIC FINANCIAL FOUNDATION, INC**Current Principal Place of Business:**555 NE 15TH ST., 7TH FLOOR, SUITE 7730
MIAMI, FL 33132**New Principal Place of Business:****Current Mailing Address:**555 NE 15TH ST., 7TH FLOOR, SUITE 7730
MIAMI, FL 33132**New Mailing Address:****FEI Number:** 52-2412879**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, VIRGINIA
Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
City-St-Zip: MIAMI, FL 33132

Title: VD () Delete
Name: CONTELLA, R.M.
Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
City-St-Zip: MIAMI, FL 33132

Title: STD () Delete
Name: GONZALEZ, MARTHA
Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, MARTHA
Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
City-St-Zip: MIAMI, FL 33132

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SEMINARIO, PAOLA
Address: 555 NE 15TH ST., 7TH FLOOR, SUITE 7730
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA GONZALEZ

PD

08/19/2004

Electronic Signature of Signing Officer or Director

Date