

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010407

FILED
May 01, 2009
Secretary of State

Entity Name: ARTS, SPORTS, HEALTH AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

2800 W OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

2800 W OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33311

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEXANDRE, DIXON
2800 W OAKLAND PARK BLVD.
101
OAKLAND PARK, FL 33311 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: P () Delete
Name: VOYARD, RANDOLPH
Address: 1 OAKWOOD PLAZA
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: HENAO, CESAR
Address: 11 RUE DES HETRES
City-St-Zip: COYES-LA-FORET, FR 60580

Title: DS () Delete
Name: ALEXANDRE, DIXON
Address: 2800 W OAKLAND PARK BLVD, SUITE 101
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DT () Delete
Name: COUVEZ, ANNIE
Address: 45 RUE RICHARD GARDEBLED
City-St-Zip: ROSNY-SOUS-BOIS, FR 93110

Title: DM () Delete
Name: FELIX, SABINE M
Address: 1 OAKWOOD PLAZA
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VOYARD

Electronic Signature of Signing Officer or Director

DIR.

05/01/2009

_____ Date