

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006271

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: MSM ARTS, INC.

**Current Principal Place of Business:**

2820 NW 179TH STREET  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2820 NW 179TH STREET  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

FEI Number: 32-0153398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SABIR, NASHID  
18350 N.W. 2ND AVE STE 500  
MIAMI, FL 33169 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: DC ( ) Delete  
Name: MUSTAFA, MELTON S  
Address: 2820 NW 179TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DC ( ) Delete  
Name: HAMIN, MIKAL T  
Address: 6801 NW 12TH STREET  
City-St-Zip: PLANTATION, FL 33313

Title: DT ( ) Delete  
Name: SABIR, NASHID  
Address: 6801 NW 12TH STREET  
City-St-Zip: PLANTATION, FL 33313

Title: DS ( ) Delete  
Name: JAMES, WENDELL A JR  
Address: 18820 NW 29TH PLACE  
City-St-Zip: MIAMI, FL 33056

**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:

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: MELTON S. MUSTAFA

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date