

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10789

FILED
Jan 22, 2008
Secretary of State

Entity Name: ARTS & BUSINESS COUNCIL OF MIAMI, INC.

Current Principal Place of Business:

111 SW 5TH AVENUE
201
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 012100
MIAMI, FL 33101 US

New Mailing Address:

FEI Number: 59-2593330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRUNEY, LAURA
111 SW 5TH AVENUE
SUITE 201
MIAMI, FL 33130 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: T () Delete
Name: GARCIA, RAUL
Address: 2699 SOUTH BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: SPEIJERS, MIKI
Address: 1522 SAN IGNACIO AVE #4
City-St-Zip: CORAL GABLES, FL 33146

Title: C () Delete
Name: RODRIGUEZ, ILIANA
Address: 1825 PONCE DE LEON BLVD PMB 401
City-St-Zip: MIAMI, FL 33134

Title: TR () Delete
Name: PALMER, ANA
Address: 6619 SOUTH DIXIE HWY #381
City-St-Zip: MIAMI, FL 33143

Title: ED () Delete
Name: BRUNEY, LAURA
Address: 111 SW 5TH AVENUE
City-St-Zip: MIAMI, FL 33130

Title: TR () Delete
Name: SUGDEN, JAMES
Address: ONE ALHAMBRA PLAZA, SUITE 5
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: SPEIJERS, MIKI
Address: 1522 SAN IGNACIO AVE #4
City-St-Zip: CORAL GABLES, FL 33146

Title: S (X) Change () Addition
Name: RODRIGUEZ, ILIANA
Address: 1825 PONCE DE LEON BLVD PMB 401
City-St-Zip: MIAMI, FL 33134

Title: C (X) Change () Addition
Name: RODRIGUEZ, ELOISE
Address: 1200 ANASTASIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: LAURA BRUNEY

ED

01/22/2008

Electronic Signature of Signing Officer or Director

Date