

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N29012

Entity Name: MIAMI ART CLUB, INC.

Current Principal Place of Business:

4227 SW 75 AVE
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

4227 SW 75 AVE
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0154541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, BENITO G
4227 SW 75 AVE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

DELGADO, NORMA L
4227 SW 75 AVE
MIAMI, FL 33155 US

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: NORMA L DELGADO 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FIGUEROA, ESPERANZA
Address: 1732 SW 103 PLACE
City-St-Zip: MIAMI, FL 33165

Title: T () Delete
Name: PEREZ, MARLENE
Address: 4544 SW 128 PLACE
City-St-Zip: MIAMI, FL 33175

Title: P () Delete
Name: PEREZ, BENITO G
Address: 4544 SW 128 PLACE
City-St-Zip: MIAMI, FL 33175

Title: S () Delete
Name: JIMENEZ, ELIZABETH
Address: 741 E 27 STREET
City-St-Zip: HIALEAH, FL 33013

Title: D () Delete
Name: SORONDO, OLGA
Address: 5849 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: V (X) Delete
Name: SALVADOR, ABIGAIL
Address: 838 W 40 DRIVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DELGADO, NORMA L
Address: 550 OCEAN DR # 3F
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DT (X) Change () Addition
Name: PLASENCIA, TERESITA
Address: 8390 SW 2ST
City-St-Zip: MIAMI, FL 33144

Title: DVP (X) Change () Addition
Name: CASTRO, YOLANDA
Address: 10400 SW 97TH CT
City-St-Zip: MIAMI, FL 33176

Title: DS (X) Change () Addition
Name: DE YURRE, CARMEN
Address: 8880 SW 87TH ST
City-St-Zip: MIAMI, FL 33173

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: NORMA DELGADO P 03/30/2009
Electronic Signature of Signing Officer or Director Date