

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N93000003365

Entity Name: TREZZA FOUNDATION FOR THE ARTS, INC.

**Current Principal Place of Business:**

411 N. NEW RIVER DR. EAST, STE. 2906  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

411 N. NEW RIVER DR. EAST, STE. 2906  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0458962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GOTTLIEB, BRUCE M  
125 N. 46TH AVE  
HOLLYWOOD, FL 33021      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: D            ( ) Delete  
Name: TREZZA, JAMES F  
Address: 411 N. NEW RIVER DR. EAST, STE. 2906  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D            (X) Delete  
Name: YOLDAS, DANIELLE  
Address: 3041 N. 35TH ST.  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/P            (X) Change ( ) Addition  
Name: TREZZA, JAMES F  
Address: 411 N. NEW RIVER DR. EAST, STE. 2906  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: JAMES F. TREZZA

PRES

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date