


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90046 042 ****61.25

DOCUMENT # N99000003025
 1. Entity Name
ETHNIC MUSIC AND THEATRICAL SOCIETY, INC.



Principal Place of Business 8850 NW 17TH STREET PLANTATION, FL 33322	Mailing Address 8850 NW 17TH STREET PLANTATION, FL 33322
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24023509



01052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0918752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATOS, ALEXANDER
 8850 NW 17TH STREET
 PLANTATION, FL 33322

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, ALEXANDER 8850 NW 17TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, BERNICE 8850 NW 17TH STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMINO, DEBRA 10532 N.W. 10TH COURT PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/26/04** **9:50**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #