

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058715

FILED
Mar 06, 2007
Secretary of State

Entity Name: OTHNIUSKA CEDENO REPRESENTACIONES ARTISTICAS, INC

Current Principal Place of Business:

5600 COLLINS AVENUE
APT 6B
MIAMI BEACH, FL 33140

New Principal Place of Business:

1620 WEST AVENUE
602
MIAMI BEACH, FL 33139

Current Mailing Address:

5600 COLLINS AVENUE
APT 6B
MIAMI BEACH, FL 33140

New Mailing Address:

1620 WEST AVENUE
602
MIAMI BEACH, FL 33139

FEI Number: 20-2717513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARREDONDO, JUAN A
5600 COLLINS AVENUE
6B
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ARREDONDO, JUAN A
1620 WEST AVE
602
MIAMI BEACH, FL 33139 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: JUAN A ARREDONDO

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARREDONDO, JUAN A
Address: 5600 COLLINS AVENUE 6B
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: CEDENO, OTHNIUSKA
Address: 5600 COLLINS AVENUE 6B
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARREDONDO, JUAN A
Address: 1620 WEST AVENUE # 602
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change () Addition
Name: CEDENO, OTHNIUSKA
Address: 1620 WEST AVENUE # 602
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A ARREDONDO

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date