

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001171

FILED  
Jul 05, 2005  
Secretary of State

**Entity Name:** JUGGERKNOT THEATRE CORPORATION

**Current Principal Place of Business:**

104 SANTANDER AVE.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

104 SANTANDER AVE.  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0890680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BRAVO, TANYA  
104 SANTANDER AVE  
CORAL GABLES, FL 33134      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: C      ( ) Delete  
Name: MYRTETUS, PETER C  
Address: 6811 SW 77 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: T      ( ) Delete  
Name: FULLERTON, KELLY  
Address: 120 SANTANDER AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      (X) Delete  
Name: GALVEZ, DENISE  
Address: 10771 SW 67 DRIVE  
City-St-Zip: MIAMI, FL 33173

Title: D      (X) Delete  
Name: GALVEZ, ALEJANDRO  
Address: 10771 SW 67 DRIVE  
City-St-Zip: MIAMI, FL 33173

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

Title: C      (X) Change ( ) Addition  
Name: AUBREY, ZAPPOLO  
Address: 227 CORNEL DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

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

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 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 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: KELLY FULLERTON

T

07/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date