

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004181

**Entity Name:** CLARITA FILGUEIRAS-FLAMENCO PURO, INC.**Current Principal Place of Business:**16 MARABELLA AVE  
CORAL GABLES, FL 33134**Current Mailing Address:**16 MARABELLA AVE  
CORAL GABLES, FL 33134**FEI Number:** 30-0147323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FILGUEIRAS, CLARA AD  
16 MARABELLA AVE  
CORAL GABLES, FL 33134 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	MAY, FRANK R
Address	122 CAMILO AVE.
City-State-Zip:	CORAL GABLES FL 33134

Title	VPD
Name	CUSTIN, NANEIA
Address	6401 SW 113 PL.
City-State-Zip:	MIAMI FL 33173

Title	TD
Name	FILGUEIRAS, JULIO JR.
Address	16 MARABELLA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	TORRES, CAROLINA
Address	6420 SW 88 PATH
City-State-Zip:	MIAMI FL 33173

Title	SD
Name	ALMAGUER, BELEN
Address	5939 SW 22 ST
City-State-Zip:	MIAMI FL 33155

Title	D
Name	JACOBS, CYNTHIA
Address	1040 W 47 ST.
City-State-Zip:	MIAMI BEACH FL 33140

Title	ARTISTIC DIRECTOR
Name	FILGUEIRAS, CLARA
Address	16 MARABELLA AVE
City-State-Zip:	CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** CLARA FILGUEIRAS**ARTISTIC DIRECTOR****01/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date