

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004128

**FILED**  
**Feb 26, 2018**  
**Secretary of State**  
**CC6115211747**

**Entity Name:** THE PERFORMING ARTS FOR AUTISM FOUNDATION INC.

**Current Principal Place of Business:**

8181 NW 36 ST  
1905  
DORAL, FL 33166

**Current Mailing Address:**

8181 NW 36 ST  
1905  
DORAL, FL 33166 US

**FEI Number:** 81-2351901

**Certificate of Status Desired:** No

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

BARNET, RAOUL  
8181 NW 36 ST  
1905  
DORAL, FL 33166 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 P  
Name BARNET, RAOUL  
Address 8181 NW 36 ST SUITE 1905  
City-State-Zip: DORAL FL 33166

Title VP  
Name BARNET, ESTHER  
Address 8181 NW 36 ST SUITE 1905  
City-State-Zip: DORAL FL 33166

Title S  
Name CALZADILLA, CARLOS A  
Address 8181 NW 36 ST SUITE 1905  
City-State-Zip: DORAL FL 33166

*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:** RAOUL BARNET

**PRESIDENT**

**02/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date