

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722564

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** CULTURAL ARTS SOCIETY OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

16585 NW 2ND AVE.  
SUITE 100  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1  
MIAMI, FL 331530001

**New Mailing Address:**

**FEI Number:** 23-7293621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAY, LAURA  
16585 NW 2ND AVE., STE 100  
MIAMI, FL 33169 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: PDST  
Name: MAY, LAURA ROSE  
Address: 16585 NW 2ND AVE., STE 100  
City-St-Zip: MIAMI, FL 33169

Title: VPD  
Name: HEADRICK, RON  
Address: 16585 NW 2ND AVE.,  
City-St-Zip: MIAMI, FL 33169

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: LAURA MAY

PDST

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date