

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726436

FILED  
Aug 31, 2005  
Secretary of State

**Entity Name:** PATRONATO DEL TEATRO LAS MASCARAS, INC.

**Current Principal Place of Business:**

2833 NW 7TH STREET  
MIAMI, FL 331254303

**New Principal Place of Business:**

**Current Mailing Address:**

2833 NW 7TH STREET  
MIAMI, FL 331254303

**New Mailing Address:**

**FEI Number:** 59-1605046      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

UGARTE, SALVADORE  
2833 NW 7TH ST  
MIAMI, FL 33145 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: P ( ) Delete  
Name: VEARTE, SALVADOR  
Address: 1021 ALHAMBRA CIR.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: CREMATA, ALFONSO  
Address: 1021 ALHAMBRA CIR.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD ( ) Delete  
Name: OTERO, CONSUELO  
Address: 1560 DELGADO  
City-St-Zip: CORAL GABLES, FL

Title: DVPT ( ) Delete  
Name: CARBALLO, DELIA  
Address: 7940 SW 14TH TERR.  
City-St-Zip: MIAMI, FL

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

Title: P (X) Change ( ) Addition  
Name: UGARTE, SALVADOR  
Address: 1021 ALHAMBRA CIR.  
City-St-Zip: CORAL GABLES, FL 33134

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: ALFONSO CREMATA

VP

08/31/2005

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

\_\_\_\_\_  
Date