

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 730991 1. Entity Name COMMUNITY ART ALLIANCE, INC.					
Principal Place of Business 5972 PEMBROKE ROAD WEST HOLLYWOOD, FL 33023			Mailing Address 5972 PEMBROKE ROAD WEST HOLLYWOOD, FL 33023		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2553716	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLUTSTEIN, GEORGE ESQ 4700-B SHERIDAN STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MARINOFF, GERALD 18540 N. BAY ROAD NORTH MIAMI BEACH, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINOFF, YEMUDIT 18540 N. BAY ROAD NORTH MIAMI BEACH, FL		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINOFF, SHERYL 200 186TH ST SUNNY ISLES BEACH, FL 33160		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			1/6/06 305-336-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		