

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768967

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: CREATION ART CENTER CORPORATION

## Current Principal Place of Business:

MANUEL AIRTIME THEATER CREATION BALLET  
900 S.W. 1ST STREET  
MIAMI, FL 33130 US

## New Principal Place of Business:

## Current Mailing Address:

MANUEL AIRTIME THEATER CREATION BALLET  
900 S.W. 1ST STREET  
MIAMI, FL 33130 US

## New Mailing Address:

FEI Number: 59-2420408      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PENA,, PEDRO P  
44 ANTILLAS AVE.  
APT. 6  
CORAL GABLES, FL 33134 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: PVD ( ) Delete  
Name: PENA, PEDRO P  
Address: 44 ANTILLAS AVE., APT. 6  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: STD ( ) Delete  
Name: DIAZ, ANA  
Address: 1801 SW 63 AVE.  
City-St-Zip: MIAMI, FL 33155 US

Title: D ( ) Delete  
Name: RUIZ, GEMA  
Address: 471 SW 8TH ST.  
City-St-Zip: MIAMI, FL 33130 US

Title: D ( ) Delete  
Name: MUNOZ, RICARDO  
Address: 136 SW 8TH ST.  
City-St-Zip: MIAMI, FL 33130 US

Title: D ( ) Delete  
Name: SANCHES, LUISA  
Address: 999 PONCE DE LEON, SUITE 900  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete  
Name: PERES SOARES, IVONNE  
Address: 1200 ANASTASIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PEDRO PABLO PENA

PVD

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date