2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# 768967

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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 Chapter 119, 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 PDV 01/05/2006

Electronic Signature of Signing Officer or Director — Date