

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768967

FILED
Jan 13, 2009
Secretary of State

Entity Name: CREATION ART CENTER CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

MANUEL ARTIME 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: NARANJO, RAUL R
Address: ONE HERALD PLAZA
City-St-Zip: MIAMI, FL 33132 US

Title: D () Delete
Name: SANCHEZ, LUISA
Address: 999 PONCE DE LEON BOULEVARD, SUITE 900
City-St-Zip: MIAMI, FL 33134 US

Title: D () Delete
Name: PEREZ SUAREZ, IVONNE
Address: 1100 S.W. 57TH AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D () Delete
Name: CRUEL AGUIRRE, MARIA V
Address: 1135 MARIPOSA PLACE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 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

PVD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date