

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90012 022 ****70.00

DOCUMENT # F03000000281					
1. Entity Name SOCIETY OF THE EDUCATIONAL ARTS, INCORPORATED					
Principal Place of Business CLEMENTE SOTO VELEZ CENTER 107 SUFFOLK STREET, 2ND FL NEW YORK, NY 10002			Mailing Address PO BOX 20385 NEW YORK, NY 10009		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">44047779</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 11-3210593	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OTERO, LUIS 3908 BLAZING STAR DR. ORLANDO, FL 32828			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CP MORAN, MANUEL A PO BOX 20385 NEW YORK, NY 10009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 107 Suffolk Street, 2nd FL New York, NY 10002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVF MARINO, RICHARD P PO BOX 20385 NEW YORK, NY 10009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 107 Suffolk Street, 2nd FL New York, NY 10002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CID, JUAN WARD CONDOMINIO DALIA 15, STE. 204 ISLA VERDE, PUERTO RICO, 00979	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P DR. Henry Catala, M.D. 107 Suffolk Street, 2nd FL New York, NY 10002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTERO, SANDRA PO BOX 780074 ORLANDO, FL 328780074	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Radamés Vega 107 Suffolk Street, 2nd FL. New York, NY 10002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, ROBERTO PO BOX 20385 NEW YORK, NY 10009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Barzaga 107 Suffolk Street, 2nd FL. New York, NY 10002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGUEROA, JAMES PO BOX 20385 NEW YORK, NY 10009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis M. Otero-Water 107 Suffolk Street, 2nd FL. New York, NY 10002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Manuel A. Moran</u>			7/6/04 (212) 529-1545		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		