

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002220

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** CISNEROS FONTANALS ART FOUNDATION CORP.

**Current Principal Place of Business:**

30 OLD RUDNICK LANE  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

5960 SW 57 AVE.  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 54-2081286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, SUZANNE A.  
5960 SW 57TH AVENUE  
MIAMI, FL 33143 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: C ( ) Delete  
Name: ELLA FONTANALS DE CI, SNEROS  
Address: CALLE CARIBAY, QTA. LOS CISNES  
City-St-Zip: CARACAS, VENEZUELA, OC

Title: P ( ) Delete  
Name: MARIA ELA CISNEROS,  
Address: 2665 S. BAYSHORE DR., #1100  
City-St-Zip: MIAMI, FL 33133

Title: DS ( ) Delete  
Name: PEREZ, SUZANNE  
Address: 5960 SW 57TH AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: DV ( ) Delete  
Name: MARTINEZ, JUAN P  
Address: 5960 SW 57 TH AVE  
City-St-Zip: MIAMI, FL 33143

**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:

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: SUZANNE A. PEREZ

DIR

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date