→2007 FOR PROFIT CORPORATIONANNUAL REPORT

DOCUMENT # M03492

1. Entity Name

MIAMI REPERTORY THEATER, INC.



FILED
May 01, 2007 08:00 AM
Secretary of State

Principal Place of Business

11240 S W 95TH ST MIAMI, FL 33176-8164 Mailing Address

11240 S W 95TH ST MIAMI, FL 33176-8164



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2444199

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BENNETT, HOWARD 11240 S.W. 95TH STREET MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

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					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	, _–	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PTD				

BENNETT, HOWARD STREET ADDRESS 11240 S.W. 95TH STREET CITY-ST-ZIP MIAMI, FL TITLE BENNETT, JONATHAN NAME STREET ADDRESS 14321 SW 88TH ST #F206 CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: HOWARD BELLEST, MAS. HOWARD BENNETT, PRES. 4/28/07 305-595-8/23

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date Dele Doylore Prome *