2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001690

Title:

Name:

Address:

City-St-Zip:

FILED Aug 07, 2009 Secretary of State

Entity Name: SPLENDOR OF THE ARTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 10785 NW 50 STREET SUITE 205 DORAL, FL 33178 **Current Mailing Address: New Mailing Address:** 10785 NW 50 STREET SUITE 205 DORAL, FL 33178 FEI Number: 03-0485059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OJEDA, JESUS RAFAEL 7009 LOCH ISLE DRIVE SOUTH MIAMI LAKES, FL 33014 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OJEDA, JESUS RAFAEL Name: Name: Address: 7009 LOCH ISLE DRIVE SOUTH Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Delete Title: (X) Change () Addition FEBUS, NORMA I Name: Name: COLON FEBUS, NORMA I Address: URB. JARDINES DE CAPARRA CALLE 45, CC-11 Address: URB. JARDINES DE CAPARRA CALLE 45. CC-11 City-St-Zip: BAYAMON, PR City-St-Zip: BAYAMON OC, PR 00959 OC Title: () Delete Title: () Change () Addition MARTINEZ, SHARON Name: Name: 6709 S.W. 25TH STREET Address: Address: City-St-Zip: MIAMI, FL 33155 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JESUS RAFAEL OJEDA P 08/07/2009

() Delete

LAMIGUEIRO, SUSSIE

MIAMI, FL 33144

460 TAMIAMI BOULEVARD

() Change () Addition