2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| ON | Apr 28, 2004 8:00 an Secretary of State |
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DOCUMENT # N00000002748 INFINITO ART & CULTURAL FOUNDATION, INC. 54043831 Principal Place of Business Mailing Address 11601 BISCAYNE BLVD 11601 BISCAYNE BLVD #306 #306 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 3. Mailing Address 2. Principal Place of Business 3533 N.W. 58TH STREET <u>3533 N.W. 58TH STREET</u> Suite, Apt. #, etc. Suite, Apt. #, etc 04082004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 65-1032606 MIAMI. MIAMI. FLORIDA Not Applicable FLORIDA Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33142 USA 33142 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, JEFFREY R ESQ. 297 SUNNY ISLES BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUNNY ISLES BEACH, FL 33160 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D ☐ Delete TITLE TITLE ☐ Change ☐ Addition HOOVER, CLAUDIA NAME NAME 6830 INDIAN CREEK DR. 6F STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE .. ☐ Delete TITI F Change Addition DUTRA, ADRIANA NAME NAME STREET ADDRESS 6830 INDIAN CREEK DR. 6F STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY - ST- ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SPINELLI VIVIANE NAME MAME 6830 INDIAN CREEK DRIVE 6F STREET ADDRESS STREET ADORESS MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

City-SI-7IP