

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # N00000002748

1. Entity Name
INFINITO ART & CULTURAL FOUNDATION, INC.



Principal Place of Business
**6830 INDIAN CREEK DRIVE 6F
MIAMI BEACH, FL 33141**

Mailing Address
**6830 INDIAN CREEK DRIVE 6F
MIAMI BEACH, FL 33141**



04242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1032606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY R ESQ.
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH, FL 33160**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOOVER, CLAUDIA
STREET ADDRESS	6830 INDIAN CREEK DR. 6F
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	DUTRA, ADRIANA
STREET ADDRESS	6830 INDIAN CREEK DR. 6F
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	SPINELLI, VIVIANE
STREET ADDRESS	6830 INDIAN CREEK DRIVE 6F
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000534871
05/08/06-80030-005 70.00**

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IN THIS SPACE**

12. I hereby 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 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: *Viviane B. Spinelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/06
Date

305-2169259
Daytime Phone #