

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004826

FILED  
Mar 15, 2005  
Secretary of State

**Entity Name:** COMMUNITY PERFORMING ARTS FOUNDATION CORP.

**Current Principal Place of Business:**

2800 W 84ST  
SUITE 1  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

2800 W 84ST  
SUITE 1  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 65-1026594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIMER, IRENE  
2800 W 84 STREET  
SUITE 1  
HIALEAH, FL 33018 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: D ( ) Delete  
Name: RIMER, IRENE  
Address: 2800 W 84 ST., STE. 3  
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete  
Name: MARTIN, MARIA G  
Address: 5911 W 16 LANE  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: ALBERT, MICHAEL G  
Address: 2800 W. 84 ST. SUITE 1  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RIMER-ALBERT, IRENE  
Address: 2800 W 84 ST., STE. 1  
City-St-Zip: HIALEAH, FL 33018

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 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 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: IRENE RIMER-ALBERT

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03/15/2005

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

\_\_\_\_\_  
Date