

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90012 041 ****61.25

DOCUMENT # N01000001778

1. Entity Name
FOUNDATION ARTISTICA CULTURAL, INC.



Principal Place of Business
1535 SW 7 STREET
APT 2
MIAMI, FL 33135

Mailing Address
1535 SW 7 STREET
APT 2
MIAMI, FL 33135



2. Principal Place of Business
620 SW. 16th AVE.

3. Mailing Address
620 SW. 16th AVE.

Suite, Apt. #, etc.
APT. # 4

Suite, Apt. #, etc.
APT. # 4

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33135

Country
DADE

Zip
33135

Country
DADE

07082004 Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1097351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEDEA, ANA D
260 NW 39 AVENUE
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
LEDEA, ANA, DELIA
Address (P.O. Box Number is Not Acceptable)
620 S.W. 16th AVENUE
APT. # 4
City
MIAMI FL Zip Code
33135

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 *Ana D. Ledea*

DATE *July 8, 2004*

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEDEA, ANA
1911 S.W. 2 ST., #5
MIAMI, FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEDEA, DELIA
1911 S.W. 2 ST., #5
MIAMI, FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEDEA, A.D.
1911 S.W. 2 ST., #5
MIAMI, FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. LEDEA ANA ☒ Change ☐ Addition
620 S.W. 16th AVENUE
MIAMI, FL. 33135-3723

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. LEDEA, DELIA ☒ Change ☐ Addition
620 S.W. 16th AVENUE
MIAMI, FL. 33135-3723

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. LEDEA, A.D. ☒ Change ☐ Addition
620 S.W. 16th AVENUE
MIAMI, FL. 33135-3723

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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: *Ana D. Ledea*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *July 8, 2004* 305-643-9804
Daytime Phone #