

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004416

FILED
Apr 24, 2008
Secretary of State

Entity Name: ARTS FOR LEARNING/MIAMI, INC.

Current Principal Place of Business:

1900 BISCAYNE BLVD SUITE 201
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

1900 BISCAYNE BLVD SUITE 201
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-1141598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: M () Delete
Name: WOMBLE, SHEILA
Address: 1900 BISCAYNE BLVD, STE 201
City-St-Zip: MIAMI, FL 33132

Title: P () Delete
Name: DAVIS, ELAINE
Address: 9721 EAST BAY HARBOR DRIVE, PH
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: V/S () Delete
Name: HANCOCK APFEL, KAY
Address: 80 SW 8TH STREET, SUITE 2203
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: TOURAL, AMELIA
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: HERRON, JAMES M
Address: 1401 BRICKELL AVE, SUITE 825
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: AGUIRRE, CARMEN M
Address: 2900 NW 39TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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.

SIGNATURE: SHEILA WOMBLE

M

04/24/2008

Electronic Signature of Signing Officer or Director

Date