

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008241

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** THE THEATRE INSTITUTE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4600 NW 79 AVE. #2B  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4600 NW 79 AVE. #2B  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** 65-1154047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, ADRIAN J  
4600 NW 79 AVE. #2B  
DORAL, FL 33166 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: PD ( ) Delete  
Name: GUTIERREZ, ADRIAN J  
Address: 4600 NW 79 AVE. #2B  
City-St-Zip: DORAL, FL 33166

Title: VD ( ) Delete  
Name: MARICHAL, JENNIS  
Address: 1241 SW 17 TERR  
City-St-Zip: MIAMI, FL 33145

Title: TD ( ) Delete  
Name: GUTIERREZ, ROBERTO M  
Address: 7559 NW 174TH TERR  
City-St-Zip: MIAMI, FL 33015

Title: SD ( ) Delete  
Name: GONZALEZ, EDNA  
Address: 5400 NW 159 ST #413  
City-St-Zip: MIAMI, FL 33015

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

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

Title: VD (X) Change ( ) Addition  
Name: RODRIGUEZ, JAVIER  
Address: 15310 SW 53 TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: TD (X) Change ( ) Addition  
Name: FERRERA, GINA  
Address: 18332 NW 68 AVE. #D  
City-St-Zip: MIAMI, FL 33015

Title: SD (X) Change ( ) Addition  
Name: GONZALEZ, EDNA  
Address: 7559 NW 174 TERRACE  
City-St-Zip: MIAMI LAKES, FL 33015

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: AJG

PD

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date