2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008241

FILED Mar 13, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-1154047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GUTIERREZ, ADRIAN J 4600 NW 79 AVE. #2B DORAL, FL 33166 US

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:

Flateria Constant of Desirtant Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 GUTIERREZ, ADRIAN J
 Name:
 GUTIERREZ, ADRIAN J

 Address:
 4600 NW 79 AVE. #2B
 Address:
 4600 NW 79 AVE. #2B

 City-St-Zip:
 DORAL, FL 33166
 City-St-Zip:
 DORAL, FL 33166

Title:VD() DeleteTitle:C(X) Change () AdditionName:RODRIGUEZ, JAVIERName:SANCHEZ-BRYSON, ILENIAAddress:15310 SW 53 TERRACEAddress:626 EAST 19 ST.

Address: 18310 SW 53 TERRACE Address: 626 EAST 19 ST.

City-St-Zip: MIAMI, FL 33185 City-St-Zip: HIALEAH, FL 33013

Title: TD () Delete Title: T (X) Change () Addition Name: FERRERA, GINA Name: FERRERA, GERALDINA

 Name:
 FERRERA, GINA
 Name:
 FERRERA, GERALDINA

 Address:
 18332 NW 68 AVE. #D
 Address:
 18332 NW 68 AVE. #D

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 MIAMI, FL 33015

Title: SD () Delete Title: S (X) Change () Addition

 Name:
 GONZALEZ, EDNA
 Name:
 GONZALEZ, EDNA

 Address:
 7559 NW 174 TERRACE
 Address:
 7559 NW 174 TERRACE

 City-St-Zip:
 MIAMI LAKES, FL 33015
 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: ADRIAN J. GUTIERREZ P/D 03/13/2008