2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000008241

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

Title: C ( ) Delete
Name: SANCHEZ-BRYSON, ILENIA
Address: 626 EAST 19 ST.
City-St-Zip: HIALEAH, FL 33013

Title: T ( ) Delete
Name: FERRERA, GERALDINA
Address: 18332 NW 68 AVE. #D
City-St-Zip: MIAMI, FL 33015

Title: S ( ) Delete
Name: GONZALEZ, EDNA
Address: 7559 NW 174 TERRACE
City-St-Zip: MIAMI LAKES, FL 33015

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:

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 P/D 04/27/2009

Electronic Signature of Signing Officer or Director — Date