

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 046 ****61.25

DOCUMENT # N02000000969					
1. Entity Name DIASPORA VIBE CULTURAL ARTS INCUBATOR, INC.					
Principal Place of Business 686 N.E. 56TH STREET MIAMI, FL 33137			Mailing Address 686 N.E. 56TH STREET MIAMI, FL 33137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02042005 Chg-NP CR2E037 (10/03)	
4. FEI Number 02-0546532				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILL, MARLON A ESQ 13525 S.W. 119TH AVENUE MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ 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 May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, MARLON ESQ. 13525 S.W. 119TH AVENUE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMARIE GORDON WALLACE 686 NE 56 STREET MIAMI, FL 33137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, TOBY 5701 BISCAYNE BLVD, PH9 MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SULLIVAN, SUZANNE 7580 STIRLING ROAD #117V DAVIE, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ROBBIE 3301 NE 5TH AVENUE, #711 MIAMI, FL 331374023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, NIKKI 8300 NW 33 STREET, SUITE 440 MIAMI, FL 33127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMFORT, OPAL 11710 NW 18 STREET PEMBROKE PINES, FL 33026	☐ Delete	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: <i>Rosemarie Gordon Wallace</i> <i>2/2/05</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					