# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000969

1. Entity Name
DIASPORA VIBE CULTURAL ARTS INCUBATOR, INC.

FILED
07 JUN -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 686 N.E. 56TH STREET<br>MIAMI, FL 33137 | 686 N.E. 56TH STREET<br>MIAMI, FL 33137 |

05092007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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<br>13525 S.W. 119TH AVENUE<br>MIAMI, FL 33186 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Rosie Brodm-Wallace 4/22/07

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 September 14, 2007**

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<br>HILL, MARLON ESQ.<br>13525 S.W. 119TH AVENUE<br>MIAMI, FL 33186 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>000104256190<br>06/12/07--01014--015 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMPKINS, TOBY<br>5701 BISCAYNE BLVD, PH9<br>MIAMI, FL 33137 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>$7 6/7 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>O'SULLIVAN, SUZANNE<br>7580 STIRLING ROAD #117V<br>DAVIE, FL 33024 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHAPLIN, NIKKI<br>8300 NW 33 STREET, SUITE 440<br>MIAMI, FL 33127 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COMFORT, OPAL<br>11710 NW 18 STREET<br>PEMBROKE PINES, FL 33026 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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 exemptions contained 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 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:** Rosie Brodm-Wallace 5/10/07 305-573-4046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #