

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000969

FILED
Apr 07, 2009
Secretary of State

Entity Name: DIASPORA VIBE CULTURAL ARTS INCUBATOR, INC.

Current Principal Place of Business:

686 N.E. 56TH STREET
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

686 N.E. 56TH STREET
MIAMI, FL 33137

New Mailing Address:

FEI Number: 02-0546537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, MARLON A ESQ
13525 S.W. 119TH AVENUE
MIAMI, FL 33186 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: D () Delete
Name: HILL, MARLON ESQ.
Address: 13525 S.W. 119TH AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GORDON- WALLACE, ROSIE
Address: 3938 N MIAMI AVE
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: O'SULLIVAN, SUZANNE
Address: 7580 STIRLING ROAD #117V
City-St-Zip: DAVIE, FL 33024

Title: D () Delete
Name: CHAPLIN, NIKKI
Address: 8300 NW 33 STREET, SUITE 440
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: COMFORT, OPAL
Address: 11710 NW 18 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: GORDON, MYERS
Address: 3938 N. MIAMI AVE
City-St-Zip: MIAMI, FL 33127

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:

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: ROSIE GORDON-WALLACE

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date