


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90002 030 ****61.25

DOCUMENT # N02000006098					
1. Entity Name PROYECTO ARTE ACTUAL INC.					
Principal Place of Business THE MOORE SPACE 4040 NE 2ND AVE 2ND FLOOR MIAMI FL 33137		Mailing Address THE MOORE SPACE 4040 NE 2ND AVE 2ND FLOOR MIAMI FL 33137			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 82-0563692	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CUBINA, SILVIA KARMAN	NAME			
STREET ADDRESS	10301 SW 89TH AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE LA CRUZ, ROSA	NAME			
STREET ADDRESS	5 HARBOR POINT	STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINS, CRAIG	NAME			
STREET ADDRESS	180 NE 40TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33137	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<i>CRISTINA DELGADO</i>	NAME	<i>CRISTINA DELGADO</i>		
STREET ADDRESS	<i>BROOKLYN, NY</i>	STREET ADDRESS	<i>42 REMSEN STREET</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>BROOKLYN, NY 00901</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>ISABEL ERNST</i>		
STREET ADDRESS		STREET ADDRESS	<i>3905 MANSION COURT, NW</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>WASHINGTON, DC 20007</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Silvia Karmán* **Feb 8, 06 305-438-1163**