

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 008 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

82-0563692

Applied For

Not Applicable

5. Certificate of Status Desired



\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE ☐ Delete
NAME DE LA CRUZ, ROSA MRS.
STREET ADDRESS 5 HARBOR POINTE
CITY-ST-ZIP KEY BISCAINE FL 33149

TITLE ☐ Delete
NAME ERNST, ISABEL MRS.
STREET ADDRESS 3905 MANSION COURT, NW
CITY-ST-ZIP WASHINGTON DC 20007

TITLE ☐ Delete
NAME ROBINS, CRAIG MR.
STREET ADDRESS 3841 NE 2ND AVENUE, 4TH FLOOR
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ Delete
NAME DELGADO, CRISTINA MRS.
STREET ADDRESS 42 REMSEN ST
CITY-ST-ZIP BROOKLYN NY 00901

TITLE ☒ Delete
NAME CUBINA, SILVIA
STREET ADDRESS 538 ZAMORA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME *Diane Moss*
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME *Diane Moss*
STREET ADDRESS *930 Fifth Avenue #9A*
CITY-ST-ZIP *New York, NY 10021*

TITLE ☐ Change ☒ Addition
NAME *Lourdes Joffre Collett*
STREET ADDRESS *430 Grand Bay Dr, PH 1C*
CITY-ST-ZIP *Key Biscayne, FL 33149*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

April 20, 08