2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007427

FILED Apr 30, 2007 Secretary of State

Entity Name: COMMUNITY ARTS AND CULTURE, INC.

	Principal Place of Business:	New Principal Place of Business:
12 N.E. 51 MIAMI, FL		
Current N	Nailing Address:	New Mailing Address:
12 N.E. 51 MIAMI, FL		
FEI Number	r: 16-1641289 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent	: Name and Address of New Registered Agent:
	I ST. US	he purpose of changing its registered office or registered agent, or both,
in the Stat SIGNATU		
OIOIVATO	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete ELIAS, JOSE M 12 N.E 51 ST. MIAMI, FL 33137	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete CHAMBERLIN, FLORENCE ESQ. 5700 COLLINS AVE #15F MIAMI, FL 33140	Title: VP (X) Change () Addition Name: CHAMBERLIN, FLORENCE ESQ. Address: 221 NE 89 ST. City-St-Zip: MIAMI, FL 33138
Name: Address: City-St-Zip: Title: Name: Address:	CHAMBERLIN, FLORENCE ESQ. 5700 COLLINS AVE #15F	Name: CHAMBERLIN, FLORENCE ESQ. Address: 221 NE 89 ST.
Name: Address:	CHAMBERLIN, FLORENCE ESQ. 5700 COLLINS AVE #15F MIAMI, FL 33140 AR (X) Delete CACOLICI, RYAN 6160 S.W. 5 ST	Name: CHAMBERLIN, FLORENCE ESQ. Address: 221 NE 89 ST. City-St-Zip: MIAMI, FL 33138 Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	CHAMBERLIN, FLORENCE ESQ. 5700 COLLINS AVE #15F MIAMI, FL 33140 AR (X) Delete CACOLICI, RYAN 6160 S.W. 5 ST POMPANO BEACH, FL 33068 T () Delete ELIAS, LEONIDES H 6938 W. 25 CT.	Name: CHAMBERLIN, FLORENCE ESQ. Address: 221 NE 89 ST. City-St-Zip: MIAMI, FL 33138 Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: JOSE ELIAS P 04/30/2007