

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2005  
Secretary of State**

DOCUMENT# N02993

Entity Name: SOUTH FLORIDA ART CENTER, INC.

**Current Principal Place of Business:**

924 LINCOLN RD  
205  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

924 LINCOLN RD  
SUITE 205  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 59-2423867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIANCHINO, DENA  
% SOUTH-FLORIDA ART CENTER, INC.  
924 LINCOLN RD STE 205  
MIAMI BEACH, FL 33139 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: CD ( ) Delete  
Name: KOVEL, KIM  
Address: 5160 N. BAY RD  
City-St-Zip: MIAMI BCH, FL 33140

Title: VD ( ) Delete  
Name: CHIMENTO, TONY  
Address: 20 ISLAND AVENUE #812  
City-St-Zip: MIAMI BEACH, FL 33129

Title: SD ( ) Delete  
Name: HERSCHBERGER, BABETTE  
Address: 1455 W AVE #404  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ED ( ) Delete  
Name: BIANCHINO, DENA  
Address: 151 SE 15 RD #2701  
City-St-Zip: MIAMI, FL 33129

Title: TD ( ) Delete  
Name: RUBEN, MARC  
Address: 4434 POST AVE  
City-St-Zip: MIAMI BEACH, FL 33140

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIM KOVEL

CD

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date