

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000878

FILED
Apr 28, 2009
Secretary of State

Entity Name: ARTS CULTURAL MOVEMENT FOUNDATION, INC.

Current Principal Place of Business:

1604 NE 205TH TERRACE
MIAMI, FL 33179

New Principal Place of Business:

2041 NE 211 STREET
MIAMI, FL 33179

Current Mailing Address:

1604 NE 205TH TERRACE
MIAMI, FL 33179

New Mailing Address:

2041 NE 211 STREET
MIAMI, FL 33179

FEI Number: 75-3054623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINS, ANTONIO
2041 NE 211 STREET
MIAMI, FL 33179 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: PTD () Delete
Name: MARTINS, ANTONIO
Address: 2041 NE 211 STREET
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: MARTINS, ANA
Address: 2041 NE 211 STREET
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: FRANCA, FABIO
Address: 2041 NE 211 STREET
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: FONTENELLE, HUMBERTO
Address: 6991 NW 82ND AVE #3
City-St-Zip: MIAMI, FL 33166

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:

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: ANTONIO C. MARTINS

PTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date