

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009477

FILED
Jan 21, 2009
Secretary of State

Entity Name: MIART FOUNDATION, INC.

Current Principal Place of Business:

561 NW 32 ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2441 NW 2ND AVE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 20-1125795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, DOROTHY
2441 NW 2ND AVE
MIAMI, FL 33127 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: P () Delete
Name: DE LA FUENTE, ROBERT
Address: 640 NE 55 ST
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: BOGENSPERGER, SONJA B
Address: 1610 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: CONE, OWEN
Address: 720 NE 69 ST #17 W
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: CONE, OWEN
Address: 720 NE 69 ST #17 W
City-St-Zip: MIAMI, FL 33138

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: ROBERT DE LA FUENTE

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date