2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009998

Entity Name: FUNDARTE, INC

FILED Apr 15, 2008 Secretary of State

Entity Nan	ne: FUNDAR	IE, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 4C	ON AVENUE CH, FL 33141						
Current Mailing Address:				New Mailing Address:			
8201 SW 99 COURT MIAMI, FL 33173				7601 BYRON AVENUE SUITE 4C MIAMI BEACH, FL 33141			
FEI Number:	11-3711377	FEI Number Applied For ()	FEI Numb	ber Not Applie	cable ()	Certificate of Sta	atus Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
7601 BYRC SUITE 4C MIAMI BEA The above in the State	of Florida.	US ubmits this statement for the pu	rpose of	changing its	s registered off	fice or registere	ed agent, or both,
SIGNATURE: Electronic Signature of Registered Agent						Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () CABALLERO, CA 7735 ABBOTT A MIAMI BEACH, F	VENUE #2B	1	Title: Name: Address: City-St-Zip:	() (Change () Additi	on
Title: Name: Address: City-St-Zip:	D () RIOS, ALEJAND 9100 SW 18 TE MIAMI, FL 3316	RRACE	1 4	Title: Name: Address: City-St-Zip:	() (Change () Additi	on
Title: Name: Address: City-St-Zip:	D () BEILMAN, LEWI 7515 SW 59 AV SOUTH MIAMI, F	E APT. V-4	1 4	Title: Name: Address: City-St-Zip:	D (X) GONZALEZ, CAR 2005 SW 7 AVER MIAMI, FL 3312	NUE	on
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	D () C LEONIN, MIA 13319 SW 112 C MIAMI, FL 3317		on
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	D () C CHAVEZ, EVERA 7601 BYRON AV MIAMI BEACH, F	'ENUE # 4C	on
Title: Name: Address: City-St-Zip:	()	Delete	1 4	Title: Name: Address: City-St-Zip:	D () C BOONE, ELIZAB 1292 NE 105 ST MIAMI SHORES,	REET	on

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: EVERARDO CHAVEZ D 04/15/2008