2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N03000009998

Entity Name: FUNDARTE, INC.

Current Principal Place of Business:

7601 BYRON AVENUE
SUITE 4C
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

7601 BYRON AVENUE
SUITE 4C
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 11-3711377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHAVEZ, EVERARDO
7601 BYRON AVENUE
SUITE 4C
MIAMI BEACH, FL 33141 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:	D	( ) Delete
Name:	CABALLERO, CARLOS M	
Address:	7735 ABBOTT AVENUE #2B	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	D	( ) Delete
Name:	RIOS, ALEJANDRO	
Address:	9100 SW 18 TERRACE	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	( ) Delete
Name:	GONZALEZ, CARIDAD	
Address:	2005 SW 7 AVENUE	
City-St-Zip:	MIAMI, FL 33129	
Title:	D	( ) Delete
Name:	LEONIN, MIA	
Address:	13319 SW 112 COURT	
City-St-Zip:	MIAMI, FL 33176	
Title:	D	( ) Delete
Name:	CHAVEZ, EVERARDO	
Address:	7601 BYRON AVENUE # 4C	
City-St-Zip:	MIAMI BEACH, FL 33141	
Title:	D	( ) Delete
Name:	BOONE, ELIZABETH	
Address:	1292 NE 105 STREET	
City-St-Zip:	MIAMI SHORES, 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:	( ) 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: EVERARDO CHAVEZ D 03/31/2009
Electronic Signature of Signing Officer or Director — Date