2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004
Secretary of State

DOCUMENT# N03000010532

Entity Name: HANAN ARTS COOPERATIVE, INC.

Current Principal Place of Business:

1725 JAMES AVE.
STE. 19
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1725 JAMES AVE.
STE. 19
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-0972220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADERA, TIFFANY
1725 JAMES AVE.
STE. 19
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: P ( ) Delete
Name: MADERA, TIFFANY
Address: 1725 JAMES AVE., #19
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete
Name: MADERA, DENIO
Address: 314 NE 88 ST.
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete
Name: PEREZ, HILIANA
Address: 2340 SW 28 ST.
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Delete
Name: SARSFIELD, SUZANNE
Address: 2451 BRICKELL AVE., UNIT 2-T
City-St-Zip: MIAMI, FL 33129

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 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: MADERA TIFFANY P 09/01/2004

Electronic Signature of Signing Officer or Director — Date