


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000002705</b> 1. Entity Name <b>ESTEFANO ARTS CENTER, INC.</b>	
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Principal Place of Business  
8360 W FLAGLER ST SUITE 200  
MIAMI, FL 33144

Mailing Address  
8360 W FLAGLER ST SUITE 200  
MIAMI, FL 33144



02182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3799696</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SALGADO, FABIO  
8360 W FLAGLER ST SUITE 200  
MIAMI, FL 33144

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SALGADO, FABIO
STREET ADDRESS	8360 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	D
NAME	MUNOZ, THOMAS
STREET ADDRESS	8360 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	D
NAME	BELTRAN, ODISA
STREET ADDRESS	8360 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	D
NAME	NOLSKOG, ASA
STREET ADDRESS	8360 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	D
NAME	MOTTOLA, TOMMY
STREET ADDRESS	8360 W FLAGLER ST SUITE 200
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000562388  
05/19/06-80054-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ **05-01-06**

Date

✓ **305-403-7955**

Daytime Phone #