

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002705

FILED
Apr 23, 2007
Secretary of State

Entity Name: ESTEFANO ARTS CENTER, INC.

Current Principal Place of Business:

8360 W FLAGLER ST SUITE 200
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8360 W FLAGLER ST SUITE 200
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-3799696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALGADO, FABIO
8360 W FLAGLER ST SUITE 200
MIAMI, FL 33144 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: SALGADO, FABIO
Address: 8360 W FLAGLER ST SUITE 200
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: MUNOZ, THOMAS
Address: 8360 W FLAGLER ST SUITE 200
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: BELTRAN, ODISA
Address: 8360 W FLAGLER ST SUITE 200
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: NOLSKOG, ASA
Address: 8360 W FLAGLER ST SUITE 200
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: MOTTOLA, TOMMY
Address: 8360 W FLAGLER ST SUITE 200
City-St-Zip: MIAMI, FL 33144

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:

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: FABIO SALGADO

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date