

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000002705

1. Entity Name
ESTEFANO ARTS CENTER, INC.



Principal Place of Business
8360 W FLAGLER ST SUITE 200
MIAMI, FL 33144

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



02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3799696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937902
05/27/08-80068-013 61.25

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

**DO NOT WRITE
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

Date

Daytime Phone #

04-22-08

305-403-7950