

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009711

FILED
Jan 19, 2012
Secretary of State

Entity Name: CULTURE VULTURES, INC.

Current Principal Place of Business:

10900 N. KENDALL DR
MIAMI, FL 33176

New Principal Place of Business:

10900 N. KENDALL DR
MIAMI, FL 33176 US

Current Mailing Address:

PO BOX 821086
PEMBROKE PINES, FL 330821086

New Mailing Address:

PO BOX 821086
PEMBROKE PINES, FL 330821086 US

FEI Number: 51-0543030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, RICHARD
10900 N KENDALL DR.
MIAMI, FL 33176 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
Name: ROMERO, KATHLEEN
Address: 422 SW 159 DRIVE
City-St-Zip: PEMBROKE ANES, FL 33027 US

Title: VP
Name: ROSENBERG, RUTH
Address: 1300 ST CHARLES PLACE APT 114
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: P & T
Name: LU QUI, BERNICE
Address: 1041 WILSHIRE CIR WEST
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D
Name: BURNS, LEDA
Address: 1121 WILSHIRE CIR E.
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D
Name: MOST, MARNI
Address: 1649 SW 156 AVE
City-St-Zip: PEMBROKE PINES,, FL 33027 US

Title: D
Name: DEBIAGI, ANN
Address: 662 SW 159 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027 US

I hereby 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 all other like empowered.

SIGNATURE: BERNICE LUQUI

MRS

01/19/2012

Electronic Signature of Signing Officer or Director

Date