

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011186

FILED
Jan 12, 2007
Secretary of State

Entity Name: MIAMI WORLD THEATER, INC.

Current Principal Place of Business:

9737 NW 41 STREET
BOX 148
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9737 NW 41 STREET
BOX 148
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-2306384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA
2121 PONCE DE LEON BLVD.
SUITE 1050
CORAL GABLES, FL 33134 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: PD () Delete
Name: OTERO, ANA ISABEL
Address: 9737 NW 41 STREET BOX148
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: IVANYI, EDIT EVA
Address: CALLE NEGRIN EDIF. FLORAL NEGRIN APT 3B
City-St-Zip: CARACAS 1050 VENEZUELA,

Title: D () Delete
Name: URDANETA, CLAUDIA
Address: 4TA. AV. EDIFICIO COVENT GARDEN LOS PALOS
City-St-Zip: CARACAS 1061 VENEZUELA,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: OTERO, ANA ISABEL
Address: 9737 NW 41 STREET BOX148
City-St-Zip: DORAL, FL 33178

Title: D (X) Change () Addition
Name: IVANYI, EDIT EVA
Address: CALLE NEGRIN EDIF. FLORAL NEGRIN APT 3B
City-St-Zip: CARACAS 1050, VE 0000

Title: SD (X) Change () Addition
Name: URDANETA, CLAUDIA
Address: 4TA. AV. EDIFICIO COVENT GARDEN LOS PALOS
City-St-Zip: CARACAS 1061, VE 0000

Title: PD () Change (X) Addition
Name: RAMIA, CARMEN
Address: 9737 NW 41 STREET, BOX 148
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: CARMEN RAMIA

PD

01/12/2007

Electronic Signature of Signing Officer or Director

Date