2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003931

FILED Feb 26, 2009 Secretary of State

Entity Name: ACADEMY OF PERFORMING ARTS AND ENTERTAINMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 3180 NW 3ST 3180 NW 3 ST MIAMI, FL 33125 MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 3180 NW 3ST 3180 NW 3 ST MIAMI, FL 33125 MIAMI, FL 33125 FEI Number: 20-2734369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, CARLOS 3180 SW 3 ST MIAMI, FL 33125 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete VIDAL, VALIA GARCIA, CARLOS Name: Name: 3180 SW 3ST Address: 3180 SW 3ST Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125 Title: Title: DIR () Delete (X) Change () Addition Name: GARCIA, CARLOS Name: VIDAL, VALIA Address: 3180 SW 3 ST Address: 3180 SW 3 ST City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: SEC (X) Change () Addition HERNANDEZ, VIVIAN A DUENAS, MELISSSA Name: Name: Address: 3180 SW 3ST Address: 3180 SW 3 ST City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: TREA () Change (X) Addition GARCIA, NELSON Name: Name: 3180 NW 3 ST Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: () Change (X) Addition MIRANDA, MARCOS Name: Name: 3180 NW ST Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33125 Title: () Delete Title: () Change (X) Addition RINCON, ISABEL Name: Name: Address: Address: 3180 NW 3 ST MIAMI, FL 33125 City-St-Zip: 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: CARLOS GARCIA DIR 02/26/2009