

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009512

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: ARS MUSICUM ACADEMIA, INC.

## Current Principal Place of Business:

1560 SOUTH DIXIE HWY  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

100 KINGS POINT DRIVE APT 1411  
SUNNY ISLES BEACH, FL 33160

## New Mailing Address:

FEI Number: 56-2533574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: DP ( ) Delete  
Name: SPENGLER, FELIX  
Address: 1560 SOUTH DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: DV ( ) Delete  
Name: KOZOLCHYK, MIRTA  
Address: 1560 SOUTH DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: HALL, NELSON  
Address: 1560 SOUTH DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: ORTIZ, CLARA  
Address: 1560 SOUTH DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Delete  
Name: BRITO, LUIS  
Address: 1560 SOUTH DIXIE HWY  
City-St-Zip: CORAL GABLES, FL 33146

## 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 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: FELIX SPENGLER

DP

01/18/2007

Electronic Signature of Signing Officer or Director

Date