

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009690

FILED
Mar 26, 2008
Secretary of State

Entity Name: STIMULUSART FOUNDATION, INC.

Current Principal Place of Business:

170 OCEAN LANE DR., STE. 609
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

170 OCEAN LANE DR., STE. 609
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-3538214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRAZABAL, MARTA L.
220 MIRACLE MILE, STE. 217
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: D () Delete
Name: LOZANO, JOSE R.
Address: 170 OCEAN LANE DR., STE. 609
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DP () Delete
Name: LOZANO, TERESA M.
Address: 170 OCEAN LANE DR., STE. 609
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: NATES, CARLOS
Address: 170 OCEAN LANE DR. STE 611
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DS () Delete
Name: NATES, CRISTINA
Address: 170 OCEAN LANE DR. STE 611
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: PARES, MANUEL J.
Address: 6400 NW 114 AVE., STE. 1121
City-St-Zip: DORAL, FL 33178

Title: DT () Delete
Name: PARES, YRENE
Address: 6400 NW 114 AVE., STE. 1121
City-St-Zip: DORAL, FL 33178

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:

Title: () Change () Addition
Name:
Address:
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: TERESA M LOZANO

DP

03/26/2008

Electronic Signature of Signing Officer or Director

Date