

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009690

FILED
Apr 18, 2011
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
Name: LOZANO, JOSE R.
Address: 170 OCEAN LANE DR., STE. 609
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

Title: DS
Name: SEPTTIEN, MARIA E
Address: 1729 S. W. 18 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: D
Name: PARES, MANUEL J.
Address: 11430 N. W. 82 TERRACE
City-St-Zip: DORAL, FL 33178

Title: DT
Name: PARES, YRENE
Address: 11430 N. W. 82 TERRACE
City-St-Zip: DORAL, FL 33178

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: JOSE R. LOZANO

D

04/18/2011

Electronic Signature of Signing Officer or Director

Date