

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011618

FILED
Apr 22, 2009
Secretary of State

Entity Name: SOULFRITO ARTS FOUNDATION, INC.

Current Principal Place of Business:

555 NE 15 STREET, SUITE 200
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

555 NE 15 STREET, SUITE 200
MIAMI, FL 33132

New Mailing Address:

FEI Number: 34-2058658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, MELISSA M
13666 SW 116 LANE
MIAMI, FL 33186 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: GILES, MELISSA
Address: 555 NE 15 STREET 2ND FL SUITE 2B
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: ARROYO, JUAN
Address: 7601 RIVIERA BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: HARRIS, GLENN
Address: 5201 BLUE LAGOON DRIVE SUITE 620
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: HERNANDEZ, TONY
Address: 2100 CORAL WAY SUITE 126
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: COLON, PHIL
Address: 611 BROADWAY SUITE 418
City-St-Zip: NEW YORK, NY 10012

Title: D () Delete
Name: GILES, DAVID
Address: 1717 N BAYSHORE DRIVE #4047
City-St-Zip: MIAMI, FL 33132

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: MELISSA GILES

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date