
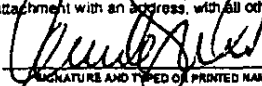


04-27-2006 90171-026 *****61.25
N05000014842

2006 SEP -5 AM 11:48

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011842							
1. Entity Name VIE & ART CULTURAL CENTER, INC.							
Principal Place of Business 441 NORTHEAST 195TH STREET APT. 304 NORTH MIAMI BEACH, FL 33179			Mailing Address 441 NORTHEAST 195TH STREET APT. 304 NORTH MIAMI BEACH, FL 33179				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VIARD, EMILE M 441 NORTHEAST 195TH STREET APT. 304 NORTH MIAMI BEACH, FL 33179			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EMILE, VIARD M		NAME				
STREET ADDRESS	441 NORTHEAST 195TH STREET, APT. 304		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Guillaume Martine		NAME				
STREET ADDRESS	525 NE 107th St		STREET ADDRESS				
CITY-ST-ZIP	Miami, FL 33161		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Andre Guillaume		NAME				
STREET ADDRESS	525 NE 107th		STREET ADDRESS				
CITY-ST-ZIP	Miami, FL 33161		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			4/25/06 (305) 759-3050				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							



04212006 Chg-NP CR2E037 (11/05)

FL Zip Code

B 9/6/04