

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000001271

Entity Name: MIAMI BIENNALE INC.

Current Principal Place of Business:

2751 NORTH MIAMI AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5255 COLLINS AVENUE
APT. 9-H
MIAMI BEACH, FL 33140

New Mailing Address:

5151 COLLINS AVENUE
APT.1621
MIAMI BEACH, FL 33140

FEI Number: 20-4320603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUESADA, PABLO
2333 PONCE DE LEON BLVD
SUITE 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ARIANA, TESTAMARCK
5151 COLLINS AVE.
SUITE 1621
MIAMI, FL 33140 US

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: ARIANA TESTAMARCK

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALDONADO, MILAGROS
Address: 2751 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33127

Title: TD () Delete
Name: MALDONADO, VERONICA
Address: 2751 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: DEGWITZ, ALEXANDER
Address: 2751 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33127

Title: VPD () Delete
Name: TESTAMARCK, ARIANA
Address: 5151 COLLINS AVENUE, SUITE #1621
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MALDONADO, VERONICA
Address: 8 ISLA BAHIA TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: SD (X) Change () Addition
Name: DEGWITZ, ALEXANDER
Address: 5255 COLLINS AVENUE SUITE 9H
City-St-Zip: MIAMI, FL 33140

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: ARIANA TESTAMARCK

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date