

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001271

FILED  
Apr 14, 2009  
Secretary of State

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