2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008897					FILED			
1. Entity Name "AZUCAR" ARTS & CULTURE, CORPORATION						3	_ _ _ _ _	,
				07 MAY -1 PM 3: 30				
Principal Place of Business 8611 SW 21 ST. MIAMI, FL 33155		Mailing Address 8611 SW 21 ST. MIAMI, FL 33155		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2 Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.				FAIL BEC EL BEAT BEAT I	יורו מינווון געניהן וענגגן וורניני	
						g-NP	CR2E037 (12/0	, 0,
City & State		City & State			4. FEI Number			Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Sta	tus Desired	□ \$8.75 Fee Req	Additional uired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
RODRIGU 8611 SW 2	EZ, BETTY 21 ST.		Street Address		(P.O. Box Number is Not Acceptable)			
MIAMI, FL								
			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, a the obligations of registered below.								vith, and accept
Bly Aucus								
SIGNATURE Signature, typed or provided name of registered agent and thy Supplicable. (NOTE: Registered Agent aigneture required when renstiting) DATE								
Filing Fee is \$61.25 Due by May 1, 2007 S. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees Florida Department of State			
10.	OFFICERS AND D		11.		ADDITIONS/CHANGE	S TO OFFICERS		
NAME STREET ADORESS CITY-ST-ZIP	PD RODRIGUEZ, BETTY 8611 SW 21 ST. MIAMI, FL 33155	☐ Delete	TITLE NAME STREET A	ľ			☐ Char	nge 🔲 Addition
TITLE	D	☐ Delete	TITLE	-Zir			☐ Chan	nge Addition
NAME Street address City-St-Zip	8611 SW 21 ST. ST		NAME Street A City-St-	i i				
TITLE NAME	D SCULL, IVETTE	☐ Delete	TITLE NAME				☐ Chan	-
STREET ADORESS CITY-ST-ZIP	S 8611 SW 21 ST. STR			NDORESS - ZIP	200102238632 05/14/0701010009 **61.25			
TITLE NAME STREET ADORESS CITY-ST-ZIP		Oelete	THILE NAME STREET A CHY-ST-				☐ Char	nge 🔲 Addition
TITLE		☐ Delete	TITLE				☐ Char	oge Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET A CITY-ST-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET A				☐ Char	nge 🔲 Addition
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 tussie 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 all other like empowered.								
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAMES OF SIGNAYOUS OFFICER OR DIRECTOR DELE DELE DESCRIPTION F								