

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010727

FILED  
Jan 24, 2008  
Secretary of State

**Entity Name:** CUBAN CLASSICAL BALLET OF MIAMI, INC.

**Current Principal Place of Business:**

900 SW 1ST STREET  
SUITE 306  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

900 SW 1ST STREET  
SUITE 306  
MIAMI, FL 33130

**New Mailing Address:**

**FEI Number:** 20-5713495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOTO, ALEX M  
C/O 1111 BRICKELL AVENUE  
SUITE 2500  
MIAMI, FL 33131 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: MR ( ) Delete  
Name: JIMENEZ, ERIBERTO  
Address: 1524 ALTON ROAD, #10  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MS ( ) Delete  
Name: MOORE, REGINA  
Address: 1375 CORTEZ STREET  
City-St-Zip: CORAL GABLES, FL 33134

Title: MS ( ) Delete  
Name: COUTY, KAREN  
Address: 50 CELESTIAL WAY, SUITE 210  
City-St-Zip: JUNO BEACH, FL 33408

Title: MR ( ) Delete  
Name: RODRIGUEZ, JOSE  
Address: 506 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: MS ( ) Delete  
Name: ANDREU, LILIANA  
Address: 925 CASTILE PLAZA  
City-St-Zip: CORAL GABLES, FL 33134

Title: MR ( ) Delete  
Name: HERNANDEZ, GIL  
Address: 3971 SW 8TH STREET, STE 201  
City-St-Zip: MIAMI, FL 33134

**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: MS (X) Change ( ) Addition  
Name: MARTINEZ, ANA M  
Address: 12857 S.W. 65TH TERRACE  
City-St-Zip: MIAMI, FL 33183

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: ERIBERTO JIMENEZ

MR.

01/24/2008

Electronic Signature of Signing Officer or Director

Date