2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000010727

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:

COUTY, KAREN E MS
900 SW 1ST STREET
SUITE 306
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

PENA, PEDRO P MR
900 SW 1ST STREET
SUITE 306
MIAMI, FL 33130 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: PEDRO PABLO PENA 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	MR	( ) Delete
Name:	JIMENEZ, ERIBERTO MR	
Address:	900 S.W. 1ST STREET, SUITE 306	
City-St-Zip:	MIAMI, FL 33130	
Title:	MR	( ) Delete
Name:	PENA, PEDRO P MR	
Address:	44 ANTILLAS AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MS	( ) Delete
Name:	COUTY, KAREN MS	
Address:	232 BAY COLONY DRIVE N.	
City-St-Zip:	JUNO BEACH, FL 33408	
Title:	MS	( ) Delete
Name:	RABASSA, MONICA MS	
Address:	800 DOUGLAS ROAD, SUITE 101	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MS	( ) Delete
Name:	MARTINEZ, ANA M MS	
Address:	12857 S.W. 65TH TERRACE	
City-St-Zip:	MIAMI, FL 33183	
Title:	MR	( ) Delete
Name:	FREIXAS, PEPE MR	
Address:	2317 S.W. 23RD STREET	
City-St-Zip:	MIAMI, FL 33145	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PEDRO PABLO PENA MR 04/14/2009
Electronic Signature of Signing Officer or Director Date