

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000168

FILED
Apr 30, 2008
Secretary of State

Entity Name: OE ARTS & CULTURE, INC.

Current Principal Place of Business:

6187 NW 167TH ST UNIT H15
MIAMI LAKES, FL 33015

New Principal Place of Business:

6187 NW 167TH ST
H15
MIAMI LAKES, FL 33015

Current Mailing Address:

6187 NW 167TH ST UNIT H15
MIAMI LAKES, FL 33015

New Mailing Address:

6187 NW 167TH ST
H15
MIAMI LAKES, FL 33015

FEI Number: 83-0472407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ & RODRIGUEZ, P.L.
999 PONCE DE LEON
CORAL GABLES, FL 33134 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: D () Delete
Name: ESLAIT DE OSSA, INGRID J
Address: 6187 NW 167TH ST UNIT H15
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: OSSA ESLAIT, YOLANDA E
Address: 6187 NW 167TH ST UNIT H15
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: OSSA-ESLAIT, MARINO
Address: 6187 NW 167TH ST UNIT H15
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: OSSA-ESLAIT, JUAN C
Address: 6187 NW 167TH ST UNIT H15
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: OSSA, HERNAN M
Address: 6187 NW 167TH ST UNIT H15
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: OSSA-ESLAIT, YOLANDA E
Address: 6187 NW 167TH ST UNIT H15
City-St-Zip: MIAMI LAKES, FL 33015

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: INGRID ESLAIT DE OSSA

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date