

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000539

FILED  
Jan 13, 2008  
Secretary of State

**Entity Name:** ART FOUNDATION FOR PEOPLE WITH DISABILITIES, INC.

**Current Principal Place of Business:**

600 THREE ISLANDS BLVD APT 606  
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

600 THREE ISLANDS BLVD  
SUITE 606  
HALLANDALE BCH, FL 33009

**Current Mailing Address:**

600 THREE ISLANDS BLVD APT 606  
HALLANDALE BCH, FL 33009

**New Mailing Address:**

600 THREE ISLANDS BLVD  
SUITE 606  
HALLANDALE BCH, FL 33009

**FEI Number:** 20-8261526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: PD ( ) Delete  
Name: BLUMTRITT, CESAR  
Address: 600 THREE ISLANDS BLVD APT 606  
City-St-Zip: HALLANDALE BCH, FL 33009

Title: V ( ) Delete  
Name: VILLAR, CARLOS  
Address: 600 THREE ISLANDS BLVD APT 606  
City-St-Zip: HALLANDALE BCH, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CESAR BLUMTRITT

PD

01/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date