


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90010 035 \*\*\*\*61.25

<b>DOCUMENT # N07000005972</b>	
1. Entity Name <b>MULTICULTURAL INSTITUTE OF ARTS AND ENTERTAINMENT, INC</b>	

Principal Place of Business <b>1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b>	Mailing Address <b>1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b>
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**40101205**



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip _____ Country _____	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip _____ Country _____
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03312008 Chg-NP CR2E037 (12/06)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additions! Fee Required
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6. Name and Address of Current Registered Agent  <b>GUTIERREZ, MARIA N 240 NE 38 ST SUITE 11 OAKLAND PARK, FL 33334</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code	
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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, and accept the obligations of registered agent.

SIGNATURE 	5-09-08
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUTIERREZ, JESUS F 1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO ALVARADO, JUAN C 1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PANCHULA, LESLIE DR 1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GUTIERREZ, ANDREA 1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTIERREZ, CESAR R 1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTIERREZ, MARIA N 1040 WEST PROSPECT ROAD, SUITE D OAKLAND PARK, FL 33309</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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 an address, with all other like empowered.

SIGNATURE: 	04-01-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>