2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008626

FILED Jan 29, 2009 Secretary of State

Entity Name: HARMONY ACADEMY OF THE ARTS INC.

Current Principal Place of Business: New Principal Place of Business: 1410 EAST 127TH AVENUE 8019 N. HIMES AVENUE TAMPA, FL 33612 200 TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 1410 EAST 127TH AVENUE 8019 N. HIMES AVENUE TAMPA, FL 33612 SUITE 200 TAMPA, FL 33614 FEI Number: 26-0825368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **VPSD** () Delete () Change () Addition JUAREZ, FLOR DE LIZ G. Name: Name: 1410 EAST 127TH AVENUE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: PD () Delete Title: **PSD** (X) Change () Addition Name: JUAREZ, ADOLFO Name: JUAREZ, ADOLFO Address: 1410 EAST 127TH AVENUE Address: 1410 EAST 127TH AVENUE City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612 Title: () Delete Title: () Change () Addition VAZQUEZ, MARIA D Name: Name: 1410 EAST 127TH AVENUE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: **PSDT** () Delete Title: () Change () Addition Name: JUAREZ, ADOLFO Name: Address: 1410 E 127 AVE Address: City-St-Zip: TAMPA, FL 33612 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: ADOLFO JUAREZ PRSD 01/29/2009