

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009759

FILED
Mar 25, 2009
Secretary of State

Entity Name: MACULELE MIAMI BRAZILIAN ARTS INSTITUTE, INC.

Current Principal Place of Business:

12248 SW 131 AVENUE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

10621 HAMMOCKS BLVD
#432
MIAMI, FL 33196

New Mailing Address:

12248 SW 131 AVENUE
MIAMI, FL 33186

FEI Number: 26-1188189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, ANNE-MARIE
13361 SW 47 STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

SHAFFER, ANNE-MARIE
11177 SW 88TH STREET
H202
MIAMI, FL 33176 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: ANNE-MARIE SHAFFER

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SHAFFER, ANNE-MARIE
Address: 13361 SW 47 STREET
City-St-Zip: MIAMI, FL 33175

Title: TRE () Delete
Name: REMOND, CHRISTIAN N
Address: 14560 SW 97 STREET
City-St-Zip: MIAMI, FL 33186

Title: SEC () Delete
Name: CASTILLO, NATALIE N
Address: 9047 SW 147 COURT
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: BROADHEAD, JOSHUA
Address: 10621 HAMMOCKS BLVD #432
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHAFFER, ANNE-MARIE
Address: 11177 SW 88 STREET APT H202
City-St-Zip: MIAMI, FL 33176

Title: TRE (X) Change () Addition
Name: VELEZ, ROBERT R
Address: 17000 SW 142 COURT
City-St-Zip: MIAMI, FL 33177

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

Title: DIR (X) Change () Addition
Name: BROADHEAD, JOSHUA M
Address: 12248 SW 131 AVENUE
City-St-Zip: MIAMI, FL 33186

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: ANNE-MARIE SHAFFER

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date