

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007468

FILED
Mar 11, 2009
Secretary of State

Entity Name: SAINT MARTHA CONCERTS AND CULTURAL AFFAIRS INC.

Current Principal Place of Business:

9221 BISCAYNE BLVD.
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9221 BISCAYNE BLVD.
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAMSON, JULIE A. S ESQ.
AKERMAN SENTERFITT
ONE S.E. THIRD AVENUE, SUITE 2800
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: WILLIAMSON, JULIE A. S
Address: 1235 N.E. 96 ST
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP () Change (X) Addition
Name: CAPDEPON, FEDERICO
Address: 9221 BISCAYNE BLVD.
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: T () Change (X) Addition
Name: WILLIAMSON, ROBERT F JR.
Address: 1235 N.E. 96 ST.
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: S () Change (X) Addition
Name: DECKER, VIVIAN
Address: 1138 N.E. 99TH ST
City-St-Zip: MIAMI SHORES, FL 33138 US

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: JULIE A.S. WILLIAMSON

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date