

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15299

FILED
Mar 31, 2005
Secretary of State

Entity Name: CULTURAL DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

2263 SW 37TH AVENUE
PENTHOUSE ONE
MIAMI, FL 331453009 US

New Principal Place of Business:

Current Mailing Address:

2263 SW 37 AVENUE
PENTHOUSE ONE
MIAMI, FL 331453009 US

New Mailing Address:

2931 LOUISE STREET
COCONUT GROVE, FL 331333733 US

FEI Number: 65-0495725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, AARON M
2263 SW 37 AVE
PENTHOUSE ONE
MIAMI, FL 331453009 US

Name and Address of New Registered Agent:

MORRIS, AARON M
2931 LOUISE STREET
COCONUT GROVE, FL 331333733 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:

03/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MORRIS, AARON,
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL

Title: SD () Delete
Name: MORRIS, ANNA,
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD () Delete
Name: MORRIS, ROBIN
Address: 11501 SW 70 AVENUE
City-St-Zip: PINECREST, FL 33156

Title: TD () Delete
Name: STEINMETZ, GREG
Address: 2990 SW 139 TERRACE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: MORRIS, AARON,
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 331333733

Title: SD (X) Change () Addition
Name: MORRIS, ANNA,
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 331333733

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 for the exemption stated in Section 119.07(3)(i), 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: AARON M. MORRIS

CD

03/31/2005

Electronic Signature of Signing Officer or Director

Date