

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15299

FILED
Mar 10, 2008
Secretary of State

Entity Name: CULTURAL DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

2952 LOUISE STREET
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

2931 LOUISE STREET
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2931 LOUISE STREET
COCONUT GROVE, FL 33133733 US

New Mailing Address:

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
2931 LOUISE STREET
COCONUT GROVE, FL 33133733 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: CD () Delete
Name: MORRIS, AARON,
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 33133733

Title: SD () Delete
Name: MORRIS, ANNA,
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 33133733

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

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

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 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: AARON M. MORRIS

CD

03/10/2008

Electronic Signature of Signing Officer or Director

Date