

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N16547

1. Entity Name
TEATRO DE BELLAS ARTES, INC.



Principal Place of Business
2173 S.W. 8TH STREET
MIAMI, FL 33135

Mailing Address
2173 S.W. 8TH STREET
MIAMI, FL 33135



01282006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2733727

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MIRELLA
626 EAST 51 ST
HIALEAH, FL

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000433521
02/24/06-80021-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GONZALEZ, MIRELLA
STREET ADDRESS	626 E. 51 ST
CITY - ST - ZIP	HIALEAH, FL
TITLE	SD
NAME	GONZALEZ, RONALD
STREET ADDRESS	626 E 51 ST
CITY - ST - ZIP	HIALEAH, FL
TITLE	TD
NAME	GONZALEZ, MANUEL
STREET ADDRESS	626 EAST 51 ST
CITY - ST - ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE: Mirella Gonzalez (Mirella Gonzalez) 2/20/06 (305) 325 0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #