

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90197 029 ***150.00

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

40082890



DO NOT WRITE IN THIS SPACE

01282007 No Chg-NP

CR2E037 (4/06)

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #