

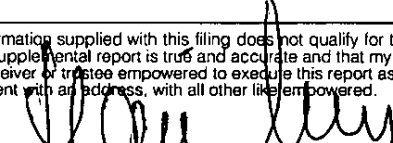


FILED
Apr 24, 2006 8:00 am
Secretary of State

4000000000

DOCUMENT # N23305		04-24-2006 90417 007 ****61.25	
1. Entity Name THE AMERICAN SOCIETY FOR THE ADVANCEMENT OF CANTORIAL ARTS, INC.			
Principal Place of Business 7311 NW 12 ST. #30 MIAMI, FL 33-1265 US		Mailing Address 7311 NW 12 ST. #30 MIAMI, FL 33-1265 US	
DO NOT WRITE IN THIS SPACE			
		01252006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0020992	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALSDEN, THERREL PA ATTN: ELLEN ROSE 1 SE 3RD AVE, #2400 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIENER, HAIM 5718 N. BAY ROAD MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV WIENER, GILA 5718 N. BAY ROAD MIAMI BEACH, FL 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD MARK, DANIA 3431 SW 52ND STREET FORT LAUDERDALE, FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Date: 4/5/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			