

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24548

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE LATIN QUARTER CULTURAL CENTER OF MIAMI, INC.

**Current Principal Place of Business:**

2849 CORAL WAY  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

2849 CORAL WAY  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:** 65-0032373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WAGNER, ANTONIO  
2849 SW CORAL WAY  
MIAMI, FL 33145 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: T ( ) Delete  
Name: WAGNER, ANTONIO  
Address: 2849 SW CORAL WAY  
City-St-Zip: MIAMI, FL 33145 US

Title: D ( ) Delete  
Name: GOMEZ, MARGARITA D  
Address: 2935 S.W, 131 PL-CT  
City-St-Zip: MIAMI, FL 33175 US

Title: S ( ) Delete  
Name: SANCHEZ DE VARONA, MARIA  
Address: 2849 SW CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: TP ( ) Delete  
Name: WAGNER, ANTONIO  
Address: 2849 CORAL WAY  
City-St-Zip: MIAMI, FL 33145 US

Title: D ( ) Delete  
Name: FERRANDIZ, GEORGE  
Address: 2849 CORAL WAY  
City-St-Zip: MIAMI, FL 33145 US

Title: D ( ) Delete  
Name: ARELLANO, ELSA  
Address: 2849 CORAL WAY  
City-St-Zip: MIAMI, FL 33145 US

**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:

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: ANTONIO WAGNER

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date