2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# N27923

Entity Name: SHORES PERFORMING ARTS THEATER, INC.

Current Principal Place of Business:

9806 N.E. 2ND AVE.
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

9806 N.E. 2ND AVE.
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 65-0091285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFMEISTER, CAROLE
1334 SW 26 STREET
MIRAMAR, FL 33027 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: P/D ( ) Delete
Name: SCHAFMEISTER, CAROLE
Address: 1334 SW 26 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: VP/D ( ) Delete
Name: LASCH, DOREEN
Address: 910 NE 99 STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: T/D ( ) Delete
Name: PLATT, RON
Address: 780 NE 69 ST.
City-St-Zip: MIAMI, FL 33138

Title: S/D (X) Delete
Name: FERNANDEZ, MARTA
Address: 163 NW 102 ST
City-St-Zip: MIAMI SHORES, FL 331838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: CHALLENOR, JOHN
Address: 595 NW 91 STREET
City-St-Zip: MIAMI, FL 33150

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN CHALLENOR T 01/16/2005

Electronic Signature of Signing Officer or Director — Date