

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28896

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL ART EXHIBITIONS OF THE MENTALLY ILL, INC.

**Current Principal Place of Business:**

719 S 15 AVE  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350891  
MIAMI, FL 33135 US

**New Mailing Address:**

**FEI Number:** 65-0098926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, JUAN  
719 S 15 AVE  
HOLLYWOOD, FL 33020 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: ED  
Name: MARTIN, JUAN  
Address: P O BOX 350891  
City-St-Zip: MIAMI, FL 33135

Title: P  
Name: HITE, DENISE  
Address: 19201 NW 60TH AVENUE  
City-St-Zip: MIAMI LAKES, FL 33019

Title: T  
Name: OTEIZA, RICHARD  
Address: 400 SW 107 AVE  
City-St-Zip: MIAMI, FL 33174

Title: D  
Name: QUINTANA, SILVIA  
Address: 719 SOUTH 15 AVE.  
City-St-Zip: HOLLYWOOD, FL

I hereby 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 all other like empowered.

SIGNATURE: JUAN MARTIN

EXEC

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date