


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90035 043 ****61.25

DOCUMENT # N29617 1. Entity Name MARTI ARTISTIC REPERTORY THEATER, INC.					
Principal Place of Business 420 S.W. 8TH AVENUE MIAMI, FL 33130 US			Mailing Address 420 S.W. 8TH AVENUE MIAMI, FL 33130 US		
2. Principal Place of Business 900 S.W. 1st St. Suite, Apt., etc. 202 City & State Miami, FL Zip 33130 Country U.S.A.			3. Mailing Address 900 S.W. 1st St. Suite, Apt., etc. 202 City & State Miami, FL Zip 33130 Country U.S.A.		
4. FEI Number 65-0094545			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			02252004 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent CAPOTE, ALBERTO E 420 S.W. 8TH AVENUE MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Tania Esther Lazo Street Address (P.O. Box Number is Not Acceptable) 900 S.W. 1st St. Suite 202 City Miami FL Zip Code 33130		
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 <u>Tania E Lazo Director</u> DATE <u>03/08/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	CAPOTE, ALBERTO E		NAME		
STREET ADDRESS	420 S.W. 8TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	MARQUEZ, JOSE M		NAME		
STREET ADDRESS	782 N.W. LEJEUNE RD., #548		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	NUNEZ, CELIA M		NAME		
STREET ADDRESS	782 N.W. LEJEUNE RD., #548		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZO, TANIA ESTHER		NAME		
STREET ADDRESS	420 S.W. 8TH AVENUE		STREET ADDRESS	900 S.W. 1st St. Suite 202	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Delete	TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	Mario Carbonell		NAME		
STREET ADDRESS			STREET ADDRESS	900 S.W. 1st St. Suite 202	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Delete	TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	Norma R. Alvarez		NAME		
STREET ADDRESS			STREET ADDRESS	Director 202	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33130	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Tania E Lazo Director</u> DATE <u>03/08/04</u> DAYTIME PHONE # <u>(305) 545-8194</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					