


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N29617	
1. Entity Name MARTI ARTISTIC REPERTORY THEATER, INC.	

Principal Place of Business 900 SW 1ST ST. MIAMI, FL 33130 US	Mailing Address 900 SW 1ST ST. MIAMI, FL 33130 US
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04112005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent LAZO, TANIA E 900 SW 1ST ST., SUITE 202 MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZO, TANIA ESTHER 900 SW 1ST ST., SUITE 202 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONELL, MARIO 900 S.W. 1ST ST., SUITE 202 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, NORMA R 900 S.W. 1ST ST., SUITE 202 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tania Esther Lazo 04/15/05 (786) 957-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #