

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29617</b> 1. Entity Name MARTI ARTISTIC REPERTORY THEATER, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0094545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LAZO, TANIA E  
900 SW 1ST ST., SUITE 202  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000561735  
05/19/06-80027-004 61.25

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **05/01/06** (786) 357-1832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #