

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29617

FILED
Sep 12, 2008
Secretary of State

Entity Name: MARTI ARTISTIC REPERTORY THEATER, INC.

Current Principal Place of Business:

900 SW 1ST STREET.
MIAMI, FL 33130 US

New Principal Place of Business:

Current Mailing Address:

4100 SW 102ND AVENUE
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-0094545 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAZO, TANIA E
4100 SW 102ND AVENUE
MIAMI, FL 33165 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: D () Delete
Name: LAZO, TANIA ESTHER
Address: 4100 SW 102ND AVENUE
City-St-Zip: MIAMI, FL 33165 US

Title: D () Delete
Name: CARBONELL, MARIO
Address: 4100 SW 102ND AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ALVAREZ, NORMA R
Address: 900 S.W. 1ST ST., SUITE 202
City-St-Zip: MIAMI, FL 33130

Title: DIR () Delete
Name: BORROTO, JORGE L
Address: 900 SW 1ST STREET, SUITE 202
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TANIA E.LAZO

MRS

09/12/2008

Electronic Signature of Signing Officer or Director

Date