

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44566

FILED
Mar 27, 2007
Secretary of State

Entity Name: PERFORMING ARTS CENTER TRUST, INC.

Current Principal Place of Business:

1300 BISCAYNE BOULEVARD
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

1300 BISCAYNE BOULEVARD
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-0353695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, PARKER D.
1300 BISCAYNE BOULEVARD
MIAMI, FL 33132 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: PD () Delete
Name: THOMSON, PARKER
Address: 1111 BRICKELL AVENUE SUITE 1900
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: HERRON, JAMES
Address: 200 SOUTH BISCAYNE BLVD., #4000
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: NICHOLS, FLORENE
Address: 4120 NW 8TH AVE
City-St-Zip: MIAMI, FL 33127

Title: VPD () Delete
Name: LOUMIET, JUAN P
Address: 1221 BRICKELL AVE 24TH FL
City-St-Zip: MIAMI, FL 33131

Title: T () Delete
Name: WILSON, DAVID
Address: 1717 N. BAYSHORE DR #124
City-St-Zip: MIAMI, FL 33132

Title: S () Delete
Name: LEVINE, I. STANLEY
Address: 1110 BRICKELL AVE #700
City-St-Zip: MIAMI, FL 33131

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
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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 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: ANTONIO NECUZE

SPRV

03/27/2007

Electronic Signature of Signing Officer or Director

Date