

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44566

FILED
Apr 23, 2009
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 (X)

Name and Address of Current Registered Agent:

TERTOCHA, LOUIS
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: C () Delete
Name: ARRIOLA, J. RICKY
Address: 1395 NW 58 COURT
City-St-Zip: MIAMI LAKES, FL 33014

Title: CE () Delete
Name: EIDSON, MIKE
Address: 255 ARAGON
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: DULA, SONIA
Address: 1000 SO. POINTE DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: AT () Delete
Name: ARMSTRONG, BILL
Address: 30725 SO FEDERAL HWY
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: HERRON, JAMES
Address: 1401 BRICKELL AVE., STE 825
City-St-Zip: MIAMI, FL 33130

Title: AS () Delete
Name: THURER, PENNY
Address: 1019 CASTILE AVE.
City-St-Zip: CORAL GABLES, FL 33134

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:

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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 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: JOHN BURNETT

CFO

04/23/2009

Electronic Signature of Signing Officer or Director

Date