

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48155

FILED
Jan 27, 2009
Secretary of State

Entity Name: TALENT ARTISTIC JUVENILE, INC.

Current Principal Place of Business:

6920 W 2ND WAY
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

6920 W 2ND WAY
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-0335092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORERA, ONIX
6920 W 2ND WAY
HIALEAH, FL 33014 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: ED () Delete
Name: MORERA, ONIX,
Address: 6920 W 2ND WAY
City-St-Zip: HIALEAH, FL 33014

Title: P () Delete
Name: SAYIH, JIMMY
Address: 1119 NW 143 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: GADOI, LIDIA
Address: 2520 S.W. 20 ST
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: SILAREI, SANDRA
Address: 341 WEST 59TH ST
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: HUNTER, ADDIS
Address: 2415 CENTER GATE DR APT.202
City-St-Zip: MIRAMAR, FL 33025

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:

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: ONIX MORERA

ED

01/27/2009

Electronic Signature of Signing Officer or Director

Date