

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000002537

1. Entity Name

CHILDREN'S MUSICAL THEATRE, INC.



Principal Place of Business

900 NE 12TH AVENUE
SUITE 301
HALLANDALE BEACH FL 33009

Mailing Address

700 NE 14TH AVENUE
SUITE 406
HALLANDALE BEACH FL 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0547492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUKS, LYUDMILA
700 NE 14TH AVENUE
SUITE 406
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature must include which is constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FUKS, LYUDMILA	
STREET ADDRESS	700 N.E. 14TH AVE., #406	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	
TITLE	TD	<input type="checkbox"/> Delete
NAME	IVANOVA, IRINA	
STREET ADDRESS	1461 NE 169 STREET APT. 318	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALEXANDER, OLEG	
STREET ADDRESS	821 NE 7TH STREET	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILMAN, ANDREY	
STREET ADDRESS	1461 NE 169 STREET APT. 318	
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YEREMEYEVA, MARINA	
STREET ADDRESS	821 NE 7TH STREET	
CITY- ST- ZIP	HALLANDALE BEACH FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000832705	
STREET ADDRESS	02/27/08-80089-013 61.25	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lyudmila Fuks Lyudmila Fuks 2/08/2008 954-456-9484