2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

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Entity Name: THE SEQUOIA FOUNDATION FOR ACHIEVEMENT IN THE ARTS AND EDUCATION, INC.

Current Principal Place of Business:

C/O GRAVIERD ASSOCIATES LLP
201 ALHAMBRA CIRCLE, STE 901
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

C/O GRAVIERD ASSOCIATES LLP
201 ALHAMBRA CIRCLE, STE 901
CORAL GABLES, FL 33134 US

New Mailing Address:

1172 S. DIXIE HWY
STE 628
CORAL GABLES, FL 33146 US

FEI Number: 65-0541856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPOVICH, ALEXANDER M ESQ
C/O HODGSON RUSS LLP
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON, FL 33431 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: DSPT ( ) Delete
Name: NEUMAN, JEFFREY L
Address: 1172 S. DIXIE HWY, STE 628
City-St-Zip: MIAMI, FL 33146 US

Title: D ( ) Delete
Name: CARMELINO, SILVANA
Address: 1172 S. DIXIE HWY, STE 628
City-St-Zip: MIAMI, FL 33146

Title: D ( ) Delete
Name: COHEN, DAVID
Address: 1172 S. DIXIE HWY, STE 628
City-St-Zip: CORAL GABLES, FL 33146

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:

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: JEFFREY L. NEUMAN MGR 01/07/2009
Electronic Signature of Signing Officer or Director — Date