

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000038

FILED
Jul 02, 2004
Secretary of State**Entity Name:** CENTER FOR EMERGING ART, INC.**Current Principal Place of Business:**800 WEST AVE.
737
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**800 WEST AVE 737
MIAMI BEACH, FL 33139**New Mailing Address:**800 WEST AVE
#737
MIAMI BEACH, FL 33139**FEI Number:** 65-0565473**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RADO-HARTE, AVA
800 WEST AVE.
APT 737
MIAMI BEACH, FL 33139 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:** D () Delete
Name: RADO, AVA
Address: 800 WEST AVENUE #737
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: BILLINGS, MARC
Address: 2475 S BAYHORE DRIVE, VILLA 1
City-St-Zip: COCONUT GROVE, FL 33133**Title:** D () Delete
Name: KAGON, JOYCE
Address: 610 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139**Title:** D () Delete
Name: MOSKOWITZ, FAYE
Address: 3306 HIGHLAND PLACE NW
City-St-Zip: WASHINGTON, DC 20008**Title:** D () Delete
Name: GIBBON, SAMANTHA
Address: 54 RADNOR AVE
City-St-Zip: CROTON ON HUDSON, NY 10520**Title:** D () Delete
Name: CENTER, DIANE
Address: 5700 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: MESZAROS, GABRIELLA
Address: 337 JEFFERSON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: GIBBON, SAMANTHA
Address: 13 MICHAELS LANE
City-St-Zip: CROTON ON HUDSON, NY 10520**Title:** D (X) Change () Addition
Name: CENTER, DIANE
Address: 2039 BERNAYS DRIVE
City-St-Zip: YORK, PA 17404

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVA RADO HARTE

DIR

07/02/2004

Electronic Signature of Signing Officer or Director_____
Date