

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000038

FILED
Jan 16, 2009
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:

FEI Number: 65-0565473 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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-HARTE, 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: MESZAROS, GABRIELLA
Address: 337 JEFFERSON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: MOSKOWITZ, FAYE
Address: 800 WEST AVENUE #834
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GIBBON, SAMANTHA
Address: 13 MICHAELS LANE
City-St-Zip: CROTON ON HUDSON, NY 10520

Title: D () Delete
Name: GIBBONS, MARK
Address: 13 MICHAELS LANE
City-St-Zip: CROTON, NY 10520

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:

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: AVA RADO HARTE

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

Date