

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90001 008 \*\*\*\*70.00

<b>DOCUMENT # N95000004902</b>					
<b>1. Entity Name</b> FINE ARTS BOOSTER ASSOCIATION, INC					
<b>Principal Place of Business</b> 3601 SW 147TH AVENUE MIAMI, FL 33175			<b>Mailing Address</b> 15225 SW 37 TER MIAMI, FL 33185		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0213049	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
DE LEON, CHRISTOPHER 2301 SW 139 PL MIAMI, FL 33175				Name <u>RAFAEL PEREZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>1900 S.W. 140 COURT</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33175</u>	
<b>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.</b>					
SIGNATURE <small>Signature, typed or printed name of registered agent and not applicable.</small>				RAFAEL PEREZ PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> DE LEON, CHRISTOPHER	<input type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> Perez, Rafael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2301 SW 139 PL	MIAMI, FL 33175		<b>STREET ADDRESS</b> 1900 SW 140 CT	MIAMI, FL 33175	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33175		<b>CITY - ST - ZIP</b>	MIAMI, FL 33175	
<b>TITLE</b> VD	<b>NAME</b> GARCIA, EDUARDO	<input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Martinez, Rosie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 13021 SW 18 TERR.	MIAMI, FL 33175		<b>STREET ADDRESS</b> 9140 FAINTAINBAY BLVD #501	MIAMI, FL 33175	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33175		<b>CITY - ST - ZIP</b>	MIAMI, FL 33175	
<b>TITLE</b> TRD	<b>NAME</b> LOPEZ, ILEANA	<input type="checkbox"/> Delete	<b>TITLE</b> TRD	<b>NAME</b> Hernandez, Laida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 921 SW 149 CTG	MIAMI, FL 33194		<b>STREET ADDRESS</b> 1291 SW 124 CT #C	MIAMI, FL 33184	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33194		<b>CITY - ST - ZIP</b>	MIAMI, FL 33184	
<b>TITLE</b> S	<b>NAME</b> ARGUELLO, ZORAYA	<input type="checkbox"/> Delete	<b>TITLE</b> SEC.	<b>NAME</b> ILEANA LOPEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14466 SW 50 ST.	MIAMI, FL 33175		<b>STREET ADDRESS</b> 1029 S.W. 124 AV	MIAMI, FL 33184	
<b>CITY - ST - ZIP</b>	MIAMI, FL 33175		<b>CITY - ST - ZIP</b>	MIAMI, FL 33184	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b>			6-20-2006 305 498-8509		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		