


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90008 037 ****70.00

DOCUMENT # N95000004902					
1. Entity Name FINE ARTS BOOSTER ASSOCIATION, INC					
Principal Place of Business 3601 SW 147TH AVENUE MIAMI, FL 33175			Mailing Address 15225 SW 37 TER MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9140 Fountainebleau Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 501			
City & State		City & State Miami, FL		4. FEI Number 65-0213049	
Zip 33172		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, RAFAEL 1900 SW 140 COURT MIAMI, FL 33175			7. Name and Address of New Registered Agent Name <u>Rose Martinez</u> Street Address (P.O. Box Number is Not Acceptable) 9140 Fountainebleau Blvd. #501 City <u>Miami</u> <u>FL</u> <u>33172</u>		
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 <u>Rose Martinez</u> <u>8/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME PEREZ, RAFAEL STREET ADDRESS 1900 SW 140 CT CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE PD NAME ROSIE MARTINEZ STREET ADDRESS 9140 Fountainebleau Blvd. #501 CITY-ST-ZIP MIAMI, FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MARTINEZ, ROSIE STREET ADDRESS 9140 FOUNTAINEBLEAU BLVD #501 CITY-ST-ZIP MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE VD NAME EDUARDO GARCIA STREET ADDRESS 11316 SW 25 TERR CITY-ST-ZIP MIAMI, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LOPEZ, ILEANA STREET ADDRESS 921 SW 149 CTG CITY-ST-ZIP MIAMI, FL 33194	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE TRD NAME HERNANDEZ, LAIDA STREET ADDRESS 1291 SW 134 CT #C CITY-ST-ZIP MIAMI, FL 33184	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Rose Martinez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08/01/07 786-218-2698 <small>Date Daytime Phone #</small>		

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004902



1. Entity Name
FINE ARTS BOOSTER ASSOCIATION, INC

Principal Place of Business
**3601 SW 147TH AVENUE
MIAMI, FL 33175**

Mailing Address
**15225 SW 37 TER
MIAMI, FL 33185**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132006

Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0213049

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE LEON, CHRISTOPHER
2301 SW 139 PL
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name **RAFAEL PEREZ**
Street Address (P.O. Box Number is Not Acceptable)

1900 S.W. 140 Court

City **MIAMI**

FL

Zip Code
33175

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 fee, if applicable

RAFAEL PEREZ PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

6-20-2006

DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

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	DE LEON, CHRISTOPHER	
STREET ADDRESS	2301 SW 139 PL	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, EDUARDO	
STREET ADDRESS	13021 SW 18 TERR.	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	LOPEZ, ILEANA	
STREET ADDRESS	921 SW 149 CTG	
CITY - ST - ZIP	MIAMI, FL 33194	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARGUELLO, ZORAYA	
STREET ADDRESS	14466 SW 50 ST.	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, Rafael	
STREET ADDRESS	1900 SW 140 CT	
CITY - ST - ZIP	MIAMI, FL 33175	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martinez, Rosie	
STREET ADDRESS	9140 Fountainway Blvd #501	
CITY - ST - ZIP	MIAMI, FL 33172	
TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Laidy	
STREET ADDRESS	1241 SW 134 CT #C	
CITY - ST - ZIP	MIAMI, FL 33184	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEON LOPEZ	
STREET ADDRESS	1034 S D 124 AV	
CITY - ST - ZIP	MIAMI, FL 33124	
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-2006

Date

305 498-8509

Daytime Phone #

ATTACHMENT

40131364