2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# N96000003133

Entity Name: THE PERFORMING ARTS INSTITUTE, INC.

Current Principal Place of Business:

701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

6107 SW 49TH ST
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0781185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE ACHA, KIMBERLY D
6107 S.W. 49TH ST.
MIAMI, FL 33155 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:	DP	( ) Delete
Name:	DE ACHA, KIMBERLY D	
Address:	C/O 6107 S.W. 49TH STREET	
City-St-Zip:	MIAMI, FL 33155	
Title:	DVP	( ) Delete
Name:	ALT, DAVID	
Address:	C/O 6107 S.W. 49TH STREET	
City-St-Zip:	MIAMI, FL 33155	
Title:	DS	( ) Delete
Name:	DE ACHA, RAFAEL	
Address:	C/O 6107 S.W. 49TH STREET	
City-St-Zip:	MIAMI, FL 33155	
Title:	D	(X) Delete
Name:	KONDELL, KAREN P	
Address:	200 S, BISCAYNE BLVD., 41ST FLOOR	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	(X) Delete
Name:	BRADEN, LISA	
Address:	3505 WILDWOOD CIR	
City-St-Zip:	MIAMI, FL 33133	
Title:	D	( ) Delete
Name:	MILLER, BLAIR	
Address:	6731 S.W. 75 TERRACE	
City-St-Zip:	SOUTH MIAMI, FL 33143	

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 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: KIMBERLY D. DE ACHA PRES 05/09/2005

Electronic Signature of Signing Officer or Director — Date