

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003133

FILED  
May 30, 2006  
Secretary of State

**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:**

6107 S.W. 49 STREET  
MIAMI, FL 33155

**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 (X)**  
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:**

**Name and Address of New Registered Agent:**

DE ACHA, KIMBERLY D  
6107 S.W. 49TH ST.  
MIAMI, FL 33155 US

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 ( ) 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: DVP (X) Change ( ) Addition  
Name: ALT, DAVID  
Address: 460 N.E. 50TH TERRACE  
City-St-Zip: MIAMI, FL 33137

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 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: KIMBERLY D. DE ACHA

PRES

05/30/2006

Electronic Signature of Signing Officer or Director

Date