

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003133

FILED
May 20, 2008
Secretary of State

Entity Name: THE PERFORMING ARTS INSTITUTE, INC.

Current Principal Place of Business:

6107 S.W. 49 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6107 SW 49TH ST
MIAMI, FL 33155 US

New Mailing Address:

6107 S.W. 49 STREET
MIAMI, FL 33155

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:

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

Name and Address of New Registered Agent:

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

05/20/2008

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: 460 N.E. 50TH TERRACE
City-St-Zip: MIAMI, FL 33137

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: MILLER, BLAIR
Address: 358 OLD HAW CREEK ROAD
City-St-Zip: ASHEVILLE, NC 28805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DE ACHA, KIMBERLY D
Address: 6107 S.W. 49TH STREET
City-St-Zip: MIAMI, FL 33155

Title: DVP (X) Change () Addition
Name: DE ACHA, RAFAEL J
Address: 6107 S.W. 49 TH STREET
City-St-Zip: MIAMI, FL 33155

Title: DS (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:

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: KIMBERLY D. DE ACHA

PRES

05/20/2008

Electronic Signature of Signing Officer or Director

Date