

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002832

FILED
Apr 06, 2006
Secretary of State

Entity Name: PATRONS OF EXCEPTIONAL ARTISTS, INC.

Current Principal Place of Business:

20191 EAST COUNTRY CLUB DRIVE
SUITE 709
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20191 EAST COUNTRY CLUB DRIVE
SUITE 709
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0758284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRODSKY, JACK
20191 E. COUNTRY CLUB DR.
APT 709
AVENTURA, FL 33180 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: C () Delete
Name: DORNBUSCH, JAIME
Address: 19925 NE 39TH PLACE
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: GRANT, STEVEN
Address: 6513 VIA BENITA
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: BRODSKY, JACK
Address: 20191 E. COUNTRY DRIVE, SUITE 709
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: BRODSKY, GISELA
Address: 20191 E. COUNTRY DRIVE, SUITE 709
City-St-Zip: AVENTURA, FL 33180

Title: O () Delete
Name: MUZE, BARBARA
Address: 2030 NW 33RD COURT
City-St-Zip: OAKLAND PARK, FL 33309

Title: D () Delete
Name: SORIN, EDITH
Address: 20191 EAST COUNTRY CLUB DRIVE, APT. 2301
City-St-Zip: AVENTURA, FL 33180

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 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: BARBARA MUZE

DIR

04/06/2006

Electronic Signature of Signing Officer or Director

Date