2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# N98000003765

Entity Name: CULTURAL ALLIANCE FOR PRESERVATION OF THE ARTS, INC.

Current Principal Place of Business:

525 DESOTO DR. - REAR
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

525 DESOTO DR. - REAR
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0847600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAYON, ANGEL
525 DESOTO DR. - REAR
MIAMI SPRINGS, FL 33166 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: PTD ( ) Delete
Name: ZAYON, ANGEL
Address: 525 DESOTO DR. - REAR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: ZAYON, HERCILEA
Address: 525 DESOTO DR. - REAR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: COBO, ARTURO
Address: P.O. BOX 1273
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ZAYON, HERCILIA
Address: 525 DESOTO DR. - REAR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Change ( ) Addition
Name: ZAYON, BARBARA
Address: 4216 NE 22 DRIVE
City-St-Zip: HOMESTED, FL 33033

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: ANGEL ZAYON PTD 02/13/2006

Electronic Signature of Signing Officer or Director — Date