

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003765

FILED  
Apr 30, 2009  
Secretary of State

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

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

Title: D ( ) Delete  
Name: ZAYON, HERCILIA  
Address: 525 DE SOTO DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: HERCILIA ZAYON

D

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date