

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003765

FILED  
May 04, 2010  
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 ( )**  
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:**

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

**Title:** D  
**Name:** ALBA, ALVARO  
**Address:** 1324 SW 102 AVE  
**City-St-Zip:** MIAMI, FL 33174 US

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

**Title:** D  
**Name:** RULAN, LISSET  
**Address:** 6836 SW 16 CT  
**City-St-Zip:** PEMBROKE PINES, FL 33174 US

**Title:** D  
**Name:** COBO, ARTURO  
**Address:** 8940 SW 61 COURT  
**City-St-Zip:** MIAMI, FL 33156 US

**Title:** D  
**Name:** ZAYON, BARBARA  
**Address:** 4216 NE 22 DR  
**City-St-Zip:** HOMESTEAD, FL 33033 US

I hereby 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 all other like empowered.

SIGNATURE: ANGEL ZAYON

PST

05/04/2010

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

\_\_\_\_\_  
Date