


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90113 006 \*\*\*\*61.25

<b>DOCUMENT # N99000000709</b> 1. Entity Name <b>ARTS &amp; CULTURE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>36 NE 1ST STREET SUITE 108 MIAMI, FL 33132</b>	Mailing Address <b>36 NE 1ST STREET SUITE 108 MIAMI, FL 33132</b>
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**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1059584</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>MOLDES, RHYNA 1518 PALERMO AVE CORAL GABLES, FL 33134</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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**8.** 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLDES, RYHNA 36 NE 1ST STREET #108 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLDES, RAUL 36 NE 1ST STREET #108 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JUANA D 1518 PALERMO AVE CORAL GABLES, FL 33134
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IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Rhyna Molde, Director** **4-12-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #