

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90002 039 \*\*\*150.00

**DOCUMENT # P05000116229**

1. Entity Name  
**A WEALTHY PLACE ARTS & THEATER COMPANY, INC.**



Principal Place of Business  
**15476NW77THCOURT  
SUITE507  
MIAMILAKES,FL33016**

Mailing Address  
**15476NW77THCOURT  
SUITE507  
MIAMILAKES,FL33016**

**50001802**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3384768**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**COOPER, ALICIA R  
15476 NW 77TH COURT  
SUITE 507  
MIAMI LAKES, FL 33016**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	COOPER, CHAD E	
STREET ADDRESS	8040 NW 155TH STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	COO	<input type="checkbox"/> Delete
NAME	COOPER, ALICIA R	
STREET ADDRESS	8040 NW 155TH STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	PALMER, RUTH	
STREET ADDRESS	8040 NW 155TH STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	BROOKS, AUDREY L	
STREET ADDRESS	8040 NW 155TH STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ELLIOTT, BRYAN T	
STREET ADDRESS	8040 NW 155TH STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	SEARD, FELECIA D	
STREET ADDRESS	8040 NW 155TH STREET	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooper, Chad E.	
STREET ADDRESS	15476 NW 77th Court, Suite 507	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooper, Alicia R.	
STREET ADDRESS	15476 NW 77th Court, Suite 507	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palmer, Ruth	
STREET ADDRESS	15476 NW 77th Court, Suite 507	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brooks, Audrey L.	
STREET ADDRESS	15476 NW 77th Court, Suite 507	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elliott, Bryan T.	
STREET ADDRESS	15476 NW 77th Court, Suite 507	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

*Audrey L. Brooks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/07

(404) 704-5889

Date

Daytime Phone #