FILED
Sep 11, 2007 8:00 am
Secretary of State
09-11-2007 90005 041 ***550.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000117612

1. Entity Name
CENTRO DE INICIACION ARTISTICA, INC.

40132010

Principal Place of Business	Mailing Address
1508 BAY ROAD, APT. #21 MIAMI BEACH, FL 33139	1508 BAY ROAD, APT. #21 MIAMI BEACH, FL 33139

08202007 Chg-P CR2E034 (12/06)

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

4. FEI Number 20-3364442 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERCADANTE, RAFAEL 1508 BAY ROAD, APT. #21 MIAMI BEACH, FL 33139	Name: Alejandra Rodriguez Street Address (P O Box Number is Not Acceptable): 9851 NW 58th Street, Suite 121 City: Miami FL Zip Code: 33178

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 _____ Alejandra Rodriguez September 7, 2007
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MERCADANTE, RAFAEL 2 1508 BAY ROAD, APT #21 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMACHO, SILVIA 1508 BAY ROAD APT # 21 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RODRIGUEZ, ALEJANDRA 10981 N W 72 TR DORAL, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Alejandra Rodriguez 9851 NW 58th Street, Suite 121 Doral, Florida 33178 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Alejandra Rodriguez September 7, 2007 786-877-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #