2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152493

Title:

Name:

Address:

City-St-Zip:

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CORAL GABLES, FL 33134 US

BARRO, KARLA 10%

908 SALZEDO SUITE 4

Entity Name: ARLEGUIN ACTOR'S CENTER INC

FILED Feb 24, 2007 Secretary of State

Entity Name: ARLEQUIN ACTOR'S CENTER, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2825 N.W. 7TH STREET MIAMI, FL 33125 US	
Current Mailing Address:	New Mailing Address:
2825 N.W. 7TH STREET MIAMI, FL 33125 US	
FEI Number: 20-8040382 FEI Number Applied For () FEI Number	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
OJEDA, CAMILO 2243 SW 16 COURT MIAMI, FL 33145 US	OJEDA, CAMILO 2243 S.W. 16 COURT MIAMI, FL 33145 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
in the State of Florida. SIGNATURE: CAMILO OJEDA	of changing its registered office or registered agent, or both, 02/24/2007
in the State of Florida.	
in the State of Florida. SIGNATURE: CAMILO OJEDA Electronic Signature of Registered Agent	02/24/2007
in the State of Florida. SIGNATURE: CAMILO OJEDA Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().	02/24/2007 Date
in the State of Florida. SIGNATURE: CAMILO OJEDA Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: P () Delete Name: MARTINEZ TEUTELO, ALAIN 40% Address: 2243 SW 16 CT	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALAIN MARTINEZ TEUTELO P 02/24/2007

() Change () Addition