

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004130

Entity Name: MAGIC SLIPPERS FINE ARTS ACADEMY INC**Current Principal Place of Business:**1132 PENSILVANNIA AVE
3
MIAMI BEACH, FL 33139**Current Mailing Address:**1132 PENSILVANNIA AVE
APT 3
MIAMI BEACH, FL 33139 US**FEI Number: 82-1193971****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNEDY, DELIA R
1132 PENSILVANNIA AVE
3
MIAMI BEACH, FL 33139 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**Officer/Director Detail :**

Title	P
Name	MARTINEZ, IRMA
Address	1132 PENSILVANNIA AVE 3
City-State-Zip:	MIAMI BEACH FL 33139

Title	SECRETARY
Name	ZAMBRANO, ZITHA R
Address	1132 PENSILVANNIA AVE 3
City-State-Zip:	MIAMI BEACH FL 33139

Title	MUSIC DIRECTOR
Name	HERNANDEZ, KILEY
Address	1132 PENSILVANNIA AVE 3
City-State-Zip:	MIAMI BEACH FL 33139

Title	S, T
Name	KENNEDY, DELIA R
Address	1132 PENSILVANNIA AVE 3
City-State-Zip:	MIAMI BEACH FL 33139

Title	FOUNDER
Name	TORRES, MONICA E
Address	1132 PENSILVANNIA AVE 3
City-State-Zip:	MIAMI BEACH FL 33139

Title	STAGE MANAGER
Name	CARRERAS, MARLENE
Address	1132 PENSILVANNIA AVE 3
City-State-Zip:	MIAMI BEACH FL 33139

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: MONICA TORRES**FOUNDER****02/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date