

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 731860

1. Entity Name

THE CORAL GABLES CHAMBER SYMPHONY & THE
CORAL GABLES OPERA, INC.



Principal Place of Business

700 SANTANDER AVENUE
CORAL GABLES, FL 33134-6525

Mailing Address

700 SANTANDER AVENUE
CORAL GABLES, FL 33134-6525

DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

23-7437382

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HADDAD, HABIB
142 SW 15TH AVENUE
MIAMI, FL 33135

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, BELLA
STREET ADDRESS 700 SANTANDER AVENUE
CITY-ST-ZIP CORAL GABLES, FL

TITLE D
NAME SPENCE, J.B.
STREET ADDRESS 2950 SW 27TH AVENUE
CITY-ST-ZIP MIAMI, FL 33133

TITLE D
NAME SANCHEZ, EUGENIO DR.
STREET ADDRESS 1226 LISON STREET
CITY-ST-ZIP CORAL GABLES, FL

TITLE PD
NAME FERREIRA, BOB
STREET ADDRESS 1317 ASTURIA AVE
CITY-ST-ZIP CORAL GABLES, FL

TITLE VP
NAME CODDINGTON, SIMON
STREET ADDRESS 6220 SW 63RD AVENUE
CITY-ST-ZIP MIAMI, FL 33134

TITLE ST
NAME DORCE, GIBSON
STREET ADDRESS 5227 NW 198 TERRACE
CITY-ST-ZIP OPA LOCKA, FL 33055

U00000154053
05/04/04-80151-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mrs. Bella Smith MRS BELLASMITH

APRIL 21, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed