

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90091 014 \*\*\*\*61.25

**DOCUMENT # 742560**  
1. Entity Name  
**MIAMI MUSIC TEACHERS ASSOCIATION, INC.**



Principal Place of Business: **C/O SIMPSON, 8167 150 CT N, PALM BEACH GARDENS FL 33418, US**  
Mailing Address: **C/O SIMPSON, 8167 150 CT N, PALM BEACH GARDENS FL 33418, US**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_



4. FEI Number: **59-6153116**  
Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**SIMPSON, PATRICIA  
8167 150 CT N  
PALM BEACH GARDENS FL 33418**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: IBANEZ, VICTORIA STREET ADDRESS: 9080 SW 140 ST CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: PRESTON, PLIA STREET ADDRESS: 7365 SW 142 TERR CITY-ST-ZIP: MIAMI FL 33158	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SIMPSON, PATRICIA STREET ADDRESS: 8167 150 CT N CITY-ST-ZIP: WEST PALM BEACH FL 33418	<input type="checkbox"/> Delete
TITLE: D NAME: SACKSTEIN, ROSALINA DR. STREET ADDRESS: 5360 SW 87 AVE. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: D NAME: JENSEN, ZELDA STREET ADDRESS: 154 W. SUNRISE AVE CITY-ST-ZIP: CORAL GABLES FL 33133	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: SACKSTEIN, ROSALINA STREET ADDRESS: 5360 SW 87 AVE CITY-ST-ZIP: MIAMI FL 33165	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: Ibanez, Victoria STREET ADDRESS: 9080 SW 140 ST CITY-ST-ZIP: Miami FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: Kam, Cynthia STREET ADDRESS: 14323 SW 80 Ave CITY-ST-ZIP: Palmetto Bay FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: Feld, Janice STREET ADDRESS: 5120 SW 89 Ave CITY-ST-ZIP: Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Patricia Simpson* Patricia Simpson + D 3-17-04 561-743-9625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #