

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742560

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** MIAMI MUSIC TEACHERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SANCHEZ  
15020 SW 53 TERRACE  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SANCHEZ  
15020 SW 53 TERRACE  
MIAMI, FL 33185 US

**New Mailing Address:**

**FEI Number:** 59-6153116      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANCHEZ, DEBORA  
15020 SW 53 TERRACE  
MIAMI, FL 33185 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: KAM, CYNTHIA  
Address: 14323 SW 80 AVE  
City-St-Zip: MIAMI, FL 33158

Title: PD  
Name: SACKSTEIN, ROSALINA  
Address: 5360 SW 87 AVENUE  
City-St-Zip: MIAMI, FL 33165

Title: VD  
Name: WALSH, MEGAN  
Address: 50 SW 10 ST APT 814  
City-St-Zip: MIAMI, FL 33155

Title: D  
Name: CARMEN, CUENCA  
Address: 8810 SW 17 STREET  
City-St-Zip: MIAMI, FL 33165

Title: T  
Name: SANCHEZ, DEBORA  
Address: 15020 SW 53 TERR  
City-St-Zip: MIAMI, FL 33185

Title: D  
Name: HESS, JAY  
Address: 6840 SW 40 ST 211  
City-St-Zip: MIAMI, FL 33155

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: DEBORA SANCHEZ

T

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date