

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

**DOCUMENT # C9300000015**

1. Entity Name

FRIENDS OF CHAMBER MUSIC OF MIAMI, INC.



FILED

04 MAY 12 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

169 EAST FLAGLER STREET  
SUITE 1619  
MIAMI FL 33131

169 EAST FLAGLER STREET  
SUITE 1619  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

1428 Brickell

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33131 USA

4. FEI Number

59-0996022

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREEGER, JULIAN H  
169 EAST FLAGLER ST  
SUITE 1619  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

1428 BRICKELL AVE  
PENTHOUSE

City

MIAMI

FL

Zip Code

33131

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

*Julian H. Kreeger*

4/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P/D  
NAME: KREEGER, JULIAN H  Delete  
STREET ADDRESS: 169 EAST FLAGLER ST STE 1619  
CITY-ST-ZIP: MIAMI FL 33131

TITLE:  Change  Addition  
NAME: PENTHOUSE  
STREET ADDRESS: 1428 BRICKELL AVE  
CITY-ST-ZIP: MIAMI, FL 33131

TITLE: T/D  
NAME: MARGOLIUS, EDITH  Delete  
STREET ADDRESS: 1506 S.W. 23RD STREET  
CITY-ST-ZIP: MIAMI FL 33145

TITLE:  Change  Addition  
NAME: 700036079117  
STREET ADDRESS: 05/12/04--01013--003 \*\*361.25  
CITY-ST-ZIP:

TITLE: S/D  
NAME: AJMONE-MARSAN, ROSETTA  Delete  
STREET ADDRESS: 169 EAST FLAGLER ST. #1619  
CITY-ST-ZIP: MIAMI FL 33131

TITLE:  Change  Addition  
NAME: 1428 BRICKELL AVE - PENTHOUSE  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julian H. Kreeger*

4/29/04