


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # C93000000015
 1. Entity Name
FRIENDS OF CHAMBER MUSIC OF MIAMI, INC.



Principal Place of Business Mailing Address
1428 BRICKELL **1428 BRICKELL**
PENTHOUSE **PENTHOUSE**
MIAMI, FL 33131 **MIAMI, FL 33131**



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-0996022 Not Applicable

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

6. Name and Address of Current Registered Agent
KREEGER, JULIAN H
1428 BRICKELL AVE
PENTHOUSE
MIAMI, FL 33131

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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 reissuing?)

Filing Fee is \$61.25
Due by May 1, 2005

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

000000344490
04/29/05-80136-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KREEGER, JULIAN H 1428 BRICKELL AVE PENTHOUSE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MARGOLIUS, EDITH 1506 S.W. 23RD STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D AJMONE-MARSAN, ROSETTA 1428 BRICKELL AVE PENTHOUSE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or without other like empowered

SIGNATURE: *Julian H. Kreeger* **JULIAN H. KREEGER** 4/29/05 (305) 372-2975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #