

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90077 019 ****61.25

DOCUMENT # N00000003446
 1. Entity Name
MIAMI CIVIC MUSIC ASSOCIATION, INC.

Principal Place of Business: **5360 SW 87 AVENUE MIAMI FL 33165**
 Mailing Address: **5360 SW 87 AVENUE MIAMI FL 33165**

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

City & State
 Zip Country



24008032



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**MIAMI CORPORATE SYSTEMS, INC.
 283 CATALONIA AVENUE
 2ND FLOOR
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name: **Dr. Rosalina G. Sackstein**
 Street Address (P.O. Box Number is Not Acceptable): **5360 SW 87 Ave**
 City: **Miami** FL Zip Code: **33165**

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: *Rosalina Sackstein* DATE: **1/24/04**
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SACKSTEIN, ROSALINA DRA <i>Rosalina Sackstein</i> <input type="checkbox"/> Delete 5360 SW 87 AVENUE MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SACKSTEIN, HAROLD <i>Harold Sackstein</i> <input type="checkbox"/> Delete 5360 SW 87 AVENUE MIAMI FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AGUIRRE, AIDA <i>Aida Aguirre</i> <input type="checkbox"/> Delete 8451 SW 85 STREET MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDE, ELSA <i>Elsa Conde</i> <input type="checkbox"/> Delete 7873 SW 40 STREET MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PHILIP <i>Philip A. Davis</i> <input type="checkbox"/> Delete 6225 NW 85 STREET MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOPICO, ELVIRA <i>Elvira Dopico</i> <input type="checkbox"/> Delete 1400 SW 90 AVENUE MIAMI FL 33174	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 other like empowered.

SIGNATURE: *Rosalina Sackstein* **Dr. Rosalina G. Sackstein** 1/24/04 (305) 271-8449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #