


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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 |
|---|---|



01152005 No Chg-NP CR2E037 (10/03)

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| | |
|--|---|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SACKSTEIN, ROSALINA G DR.
5360 SW 87 AVE
MIAMI, FL 33165

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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 reinstating)

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

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SACKSTEIN, ROSALINA DRA 5360 SW 87 AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SACKSTEIN, HAROLD 5360 SW 87 AVENUE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT AGUIRRE, AIDA 8451 SW 85 STREET MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONDE, ELSA 7873 SW 40 STREET MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, PHILIP 6225 NW 85 STREET MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOPICO, ELVIRA 1400 SW 90 AVENUE MIAMI, FL 33174 |

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 01725705-80089-017 70.00

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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)(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: *Rosalina G. Sackstein* **Dr. Rosalina G. Sackstein** /1/28/05 305.595.5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date 3 Daytime Phone #

305.271-8449