
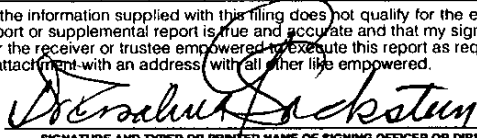


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 017 ****70.00

| | | | |
|---|---|---|---|
| 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 5360 SW 87 th Avc. | | 3. Mailing Address same | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami, Florida | | City & State | |
| Zip 33165 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent SACKSTEIN, ROSALINA G DR. 5360 SW 87 AVE MIAMI, FL 33165 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |
| 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, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 5360 SW 87 AVENUE MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Officer/Director Dr. Jay Hess 6840 S.W. 40 th St Miami, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SACKSTEIN, HAROLD 5360 SW 87 AVENUE MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Kristen Podack 1720 Espanola Dr. Coral Gables, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT AGUIRRE, AIDA 8451 SW 85 STREET MIAMI, FL 33143 <input type="checkbox"/> Delete | 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 7873 SW 40 STREET MIAMI, FL 33155 <input type="checkbox"/> Delete | 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 6225 NW 85 STREET MIAMI, FL 33143 <input type="checkbox"/> Delete | 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 1400 SW 90 AVENUE MIAMI, FL 33174 <input type="checkbox"/> Delete | 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 exemptions contained in Chapter 119, 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:  | | 2/7/2006 (305)271-8449 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



ATTACHMENT
20006960
#N0000003446
Division of Corporations

Annual Report

Annual Report Help

Document Number
N0000003446
Business Entity Name
MIAMI CIVIC MUSIC ASSOCIATION, INC.

FEI Number
FEI Number Status Listed Above Applied For Not Applicable
Certificate of Status Desired Yes No \$8.75 each
Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 5360 SW 87 AVENUE
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33165

Mailing Address

Address 5360 SW 87 AVENUE
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33165

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SACKSTEIN, ROSALINA, G, DR.

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 5360 SW 87 AVE
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33165 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP
Name (Last, First, Middle, Title) SACKSTEIN, ROSALINA, DRA

- OR -

Entity Name to serve as Officer/Director

Street Address 5360 SW 87 AVENUE
City, State MIAMI, FL
Zip Code & Country 33165

Title DV
Name (Last, First, Middle, Title) SACKSTEIN, HAROLD

- OR -

Entity Name to serve as Officer/Director

Street Address 5360 SW 87 AVENUE
City, State MIAMI, FL
Zip Code & Country 33165

Title DT
Name (Last, First, Middle, Title) AGUIRRE, AIDA

- OR -

Entity Name to serve as Officer/Director

Street Address 8451 SW 85 STREET
City, State MIAMI, FL
Zip Code & Country 33143

Title D

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ATTACHMENT

Name (Last, First, Middle, Title) | CONDE | ELSA | | |

- OR -

Entity Name to serve as Officer/Director |
ATTACHMENT

Street Address | 7873 SW 40 STREET

City, State | MIAMI | FL

Zip Code & Country | 33155 |

Title | D

Name (Last, First, Middle, Title) | DAVIS | PHILIP | | |

- OR -

Entity Name to serve as Officer/Director |

Street Address | 6225 NW 85 STREET

City, State | MIAMI | FL

Zip Code & Country | 33143 |

Title | D

Name (Last, First, Middle, Title) | DOPICO | ELVIRA | | |

- OR -

Entity Name to serve as Officer/Director |

Street Address | 1400 SW 90 AVENUE

City, State | MIAMI | FL

Zip Code & Country | 33174 |


An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title | President |
Officer/Director Signature | *J. Daniela Pacheco*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue | Reset

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ATTACHMENT

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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 01272006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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: <i>Rosalina Sackstein</i> | | |
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| SIGNATURE: <i>Rosalina Sackstein</i> | | 2/7/2006 | | (305)271-8449 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

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