## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

#### **Secretary of State DOCUMENT # N00000003446** 02-10-2006 90012 017 \*\*\*\*70.00 MIAMI CIVIC MUSIC ASSOCIATION, INC. Mailing Address Principal Place of Business 5360 SW 87 AVENUE 5360 SW 87 AVENUE MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business 4 GVC. 3. Mailing Address same Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number NOT APPLICABLE City & State City & State Ylorida Not Applicable Miami \$8.75 Additional Country U S A Country Zip 5. Certificate of Status Desired 33165 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SACKSTEIN, ROSALINA G DR. Street Address (P.O. Box Number is Not Acceptable) 5360 SW 87 AVE MIAMI, FL 33165 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DEFICERS AND DIRECTORS 11. 10. ticer/Director Change ☐ Delete TITLE TITLE VISAY HASS SACKSTEIN, ROSALINA DRA 1) r ] a NAME NAME 74215.W 5675t 5360 SW:87 AVENUE STREET ADDRESS STREET ADDRESS FQ.3315# Miami Fl. 33155 CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP Miami Director Change TITLE DV Delete TITLE Kristen Podack SACKSTEIN, HAROLD NAME NAME 1720 Espanola Dr. 5360 SW 87 AVENUE STREET ADDRESS STREET ADDRESS Coral Gables, Fl 33133 CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33165 ☐ Change ☐ Addition ☐ Delete TITLE TITI F AGUIRRE, AIDA NAME NAME 8451 SW 85 STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | TITLE Delete TITLE CONDE, ELSA NAME NAME STREET ADDRESS 7873 SW 40 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DAVIS, PHILIP NAME NAME **6225 NW 85 STREET** STREET ADDRESS STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE D TITLE DOPICO, ELVIRA NAME NAME STREET ADDRESS STREET ADDRESS 1400 SW 90 AVENUE MIAMI, FL 33174 CITY-ST-ZIP 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 frue 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 employered are execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is frue and of the corporation or the receiver or trustee empowered to changed, or on an attact ment with an address with all the

FILED

Feb 10, 2006 8:00 am





### Annual Report

Annual Report Help

		Document 1 <b>N000000</b>			
		Business Ent			
	MIAMI CI		SSOCIATION,	INC.	
FEI Number		Γ			
FEI Number S	tatus		Listed Above C A	Applied For	Not Applicable
Certificate of S	Status Desired			5 each	
Election Camp	aign Financing Trust Fur	nd Contribution C	Yes • No		
	Pr	incipal Place	of Business		
	Address	5360 SW 87 AV		. <u>—</u>	•
	Suite, Apt. #, etc.				•
	City, State	MIAMI		L	
	Zip Code & Country	33165			
		Mailing A	ddress		
	Address	5360 SW 87 AV		<del></del>	•
	Suite, Apt. #, etc.				•
	City, State	MIAMI	, F	L	
	Zip Code & Country	33165			
	Name an	d Address of	Registered Ag	ent	
Name (L	ast, First, Middle, Title)	SACKSTEIN	ROSALINA		DR.
	- OR -		.,		•
Business	to serve as RA				<del>-</del>
Address	(PO Box is not acceptab	le) 5360 SW 87	AVE	<u> </u>	· <del>-</del>
Suite, Ap	t. #, etc.				_
City, Stat	e	МІАМІ		FL	
		<u> </u>	,		

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 20006960 #70000000344C

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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ision of Corporations		1 age 5 c
20006968 ATTACHI	<i>l</i> ent	
Name (Last, First, Middle, Title)	CONDE ELSA ,	<del>-</del>
	JOONE JEEGA ,	<del>,</del>
- OR -		
Entity Name to serve as Officer/Director		
Officer/Director ATTA ALIA		
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		<del>_</del>
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.

Officer/Director Signature President Dackstern

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 ATTACHMENT ANNUAL REPORT

DOCUMENT # N0000003446  1. Entity Name MIAMI CIVIC MUSIC ASSOCIATION, INC.												
Principal Place 5360 SW 87 MIAMI, FL 3		\$	5360	g Address O SW 87 AVENUE N, FL 33165				2	0000	960	)	
2. Principal F	Place of Busin	less	3. Mai	ling Address					•			
Suite, Apt.	. #, etc.		Su	ite, Apt. #, etc.	_			01272006 <sub>C</sub>	hg-NP	CR2E03	7 (11/05)	
City & Sta	ite		Cit	y & State				4. FEI Number NOT APPL	CABLE		<u> </u>	oplied For ot Applicable
Zip		Country	Ziş		Соц	untry		5. Certificate of S	tatus Desired		<b>\$8.75</b> Add Fee Require	
	6. Name	and Address of Curr	ent Registere	d Agent		Name		7. Name and Add	ress of New	Registered A	gent	
SACKSTE 5360 SW MIAMI, FL	87 AVE	LINA G DR.				Name Street Address (P.O. Box Number is Not Acceptable)						
			$\overline{}$			City		<u> </u>		FL	Zip Cod	le
8. The above	e named entity	y submits this statemen	tor the purp	ose of changing its	egistere	ed office or	register	ed agent, or both, in	the State of F	lorida. 1 am f	amiliar with,	and accept
	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. 1 am familiar with, and accept the obligations of negistered agent.  SIGNATURE  SIGNATUR											
Filing Fee Is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be Added to Fees	)	Make check orida Depart		
10.	DP	OFFICERS AND	DIRECTORS		11.			DDITIONS/CHANG		ERS AND DIF		
NAME STREET ADDRESS CITY-ST-ZIP	SACKSTE	EIN, ROSALINA DR 87 AVENUE . 33165	A	☐ Detete			D 1 1	ter Director Tay Hess 15.W. 56. 32 Mi Fl. 32	it _		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	,	EIN, HAROLD 87 AVENUE 33165		☐ Delete	1		Dic	ector ten fodac Espanolo	C Dr.	33133	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AGUIRRE	, AIDA 85 STREET		□ Delete	TITLE NAMI STRE		(010	ic equies	<u>, r</u>	<u>/                                    </u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDE, E 7873 SW MIAMI, FL	40 STREET		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PI 6225 NW MIAMI, FL	85 STREET		☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MIAMI, FL	90 AVENUE 33174		☐ Delete	CITY	E Et address -St-ZIP					Change	Addition
12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 enpowered 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:  2/7/2001  (305/24/-8449												
of the cor changed	rporation or the control of the cont	tor supplemental reporter receiver or trustee endingent with an address	ripowered to st with all oth	e like empowered.	y signat is requir	ure shall h red by Cha	ave the s pter 617.	ame legal effect as Florida Statutes; an	d that my nan			