2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State
01-11-2005 90012 012 ****61.25

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1. Entity Name
AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.

50001488

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BOULEVARD SUITE 210 CORAL GABLES, FL 33134	3211 PONCE DE LEON BOULEVARD SUITE 210 CORAL GABLES, FL 33134

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1151715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTANDER, MAIDA 3211 PONCE DE LEON BOULEVARD SUITE 210 CORAL GABLES, FL 33134	Name 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, 2005

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	VC DIAZ-YOSEREV, RAFAEL 3211 PONCE DE LEON BLVD. SUITE 210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GUELBENZU-DAVIS, ILEANA 1530 SOUTH GREENWAY DRIVE CORAL GABLES, FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SANTANDER, MAIDA 520 BRICKELL KEY DR., APT. 910 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRARI-DAENZER, RHINA DESERT FALLS COUNTRY CLUB 406 LINKS DRIVE PALM DESERT, CA 92211	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-C NOBEL, MICHAEL 3211 PONCE DE LEON BLVD. SUITE 210 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CISNEROS RIZZON, MARISA 8817 HAMMOCK LAKE DR. CORAL GABLES, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, ANDY 888 BRICKELL KEY DR. #412 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCO, MAGALY 28501 SW 187TH AVENUE MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Maida Santander MAIDA SANTANDER January 7 2005 (305) 371-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #