

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 013 ****61.25

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1. Entity Name

AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.



Principal Place of Business

**3211 PONCE DE LEON BOULEVARD
SUITE 210
CORAL GABLES FL 33134**

Mailing Address

**3211 PONCE DE LEON BOULEVARD
SUITE 210
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1151715

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**SANTANDER, MAIDA
3211 PONCE DE LEON BOULEVARD
SUITE 210
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Santander, Maida

Street Address (P.O. Box Number is Not Acceptable)

801 SW 3rd Avenue Suite # 308

City

Miami

FL

Zip Code

33130

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 **Maida Santander**

Signature, typed or printed name of registered agent and title if applicable

Maida Santander

(NOTE: Registered Agent signature required when reinstating)

4/5/06

DATE

**FILE NOW: 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 Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VC ☐ Delete
NAME DIAZ-YOSEREV, RAFAEL
STREET ADDRESS 3211 PONCE DE LEON BLVD. SUITE 210
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PTD ☐ Delete
NAME SANTANDER, MAIDA
STREET ADDRESS 520 BRICKELL KEY DR., APT. 910
CITY-ST-ZIP MIAMI FL 33131

TITLE D-C ☐ Delete
NAME NOBEL, MICHAEL
STREET ADDRESS 3211 PONCE DE LEON BLVD. SUITE 210
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete
NAME CISNEROS RIZZON, MARISA
STREET ADDRESS 8817 HAMMOCK LAKE DR.
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D ☒ Delete
NAME GARCIA, ANDY
STREET ADDRESS 888 BRICKELL KEY DR. # 412
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME BLANCO, MAGALY - Secretary
STREET ADDRESS 28501 SW 187TH AVENUE
CITY-ST-ZIP MIAMI FL 33130

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Tanya Capriles Brillembourg
STREET ADDRESS 2373 Brickell Avenue Ap # 1614
CITY-ST-ZIP Miami, FL 33129

TITLE D ☐ Change ☒ Addition
NAME Jorge Viera - Northern Trust Bank
STREET ADDRESS 700 Brickell Avenue
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Maida Santander**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Document Preparer