

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2004
Secretary of State**

DOCUMENT# N35308

Entity Name: THE MIAMI SYMPHONY ORCHESTRA/ORQUESTA SINFONICA DE MIAMI, INC.

Current Principal Place of Business:

10300 S.W. 72ND STREET
SUITE 399
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10300 S.W. 72ND STREET
SUITE 399
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0165057 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OCHOA, MANUEL T.
6130 SW 92 AVE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OCHOA, MANUEL T.,
Address: 6130 SW 92 AVE
City-St-Zip: MIAMI, FL

Title: CD () Delete
Name: RAFAEL DIAZ-BALART,
Address: 501 BRICKELL KEY DR #500
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: OCHOA, M. SOFIA,
Address: 6130 SW 92 AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OCHOA, MANUEL T.,
Address: 6130 SW 92 AVE
City-St-Zip: MIAMI, FL 33173 US

Title: CD (X) Change () Addition
Name: RAFAEL DIAZ-BALART,
Address: 501 BRICKELL KEY DR #500
City-St-Zip: MIAMI, FL 33131 US

Title: TD (X) Change () Addition
Name: OCHOA, M. SOFIA,
Address: 6130 SW 92 AVE
City-St-Zip: MIAMI, FL 33173 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL OCHOA

PD

05/02/2004

Electronic Signature of Signing Officer or Director

Date