


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90486 029 ****61.25

DOCUMENT # 753603 1. Entity Name THE CONCERT ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 1470 BISCAYNE BLVD. MIAMI, FL 33132			Mailing Address 1470 BISCAYNE BLVD. MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2029354	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUCKER, JUDITH R. 1470 BISCAYNE BLVD. MIAMI, FL 33132			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PD DRUCKER, JUDITH R PRESIDE 720 N.E. 69TH STREET- APT.#23N MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATCHAN, CHAIM 1696 NE MIAMI GARDENS DR MIAMI, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, DIANE 50 W. DILIDO DRIVE MIAMI, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARRIZURISTA, CARLOS TREASUR 201 S. BISCAYNE BLVD. SUITE 3100 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SELLERS, KENNETH G CHAIRMA 8400 NW 33 ST, SUITE #100 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, ETHAN W SECRETA 200 S. BISCAYNE BLVD. SUITE 5300 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBERT F. HUDSON, JR. 1111 BRICKELL AV. 17TH FLOOR MIAMI, FL 33131				
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: <i>Judith R. Drucker</i>			4-26-06 (304-808-7446)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50018072



04242006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ROBERT F. HUDSON, JR. 1111 BRICKELL AV. 17TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE:

Judith R. Drucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 (304-808-7446)
Date Daytime Phone #