



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N060Q0001548 1. Entity Name ORCHESTRA MIAMI, INC.	
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FILED
 07 SEP 14 PM 3:01
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 8821 S.W. 54 TERRACE MIAMI, FL 33165 US	Mailing Address 8821 S.W. 54 TERRACE MIAMI, FL 33165 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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09042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4272276	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RINALDI, ELAINE 8821 S.W. 54 TERRACE MIAMI, FL 33165	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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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 September 14, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete RINALDI, ELAINE L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8821 S.W. 54 TERRACE	NAME	<i>\$29/14</i>
STREET ADDRESS	MIAMI, FL 33165	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN-STAINER, REBECCA	NAME	
STREET ADDRESS	720 N.E. 69 STREET, APT. 14W	STREET ADDRESS	400109723194
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	09/20/07--01098--015 **70.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: *Elaine Rinaldi* **Sept. 4, 2007 (786) 797-2517**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #