

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007973

Entity Name: AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.**Current Principal Place of Business:**801 S.W. 3RD AVENUE
SUITE #308
MIAMI, FL 33130**Current Mailing Address:**801 S.W. 3RD AVENUE
SUITE #308
MIAMI, FL 33130 SW**FEI Number:** 65-1151715**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SANTANDER, MAIDA
801 SW 3RD AVE
SUITE #308
MIAMI, FL 33130 US*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

Officer/Director Detail :

Title PRESIDENT
Name SANTANDER, MAIDA
Address 520 BRICKELL KEY DR.,
 # 910
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GONZALEZ, MIRTHA
Address 15476 NW 77 CT #321
City-State-Zip: MIAMI LAKES FL 33016

Title TREASURER
Name PLACERES, HECTOR
Address 6917 COLLINS AVENUE
 #609
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name ROD, DENIS DR.
Address 801 SW 3RD AVE
 308
City-State-Zip: MIAMI FL 33130

Title HONORARY CHAIRMAN
Name NOBEL, MICHAEL
Address 3211 PONCE DE LEON BLVD. , SUITE
 210
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN
Name DIAZ-YOSEREV, RAFAEL DR.
Address 3211 PONCE DE LEON BLVD.
 SUITE 210
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name SANJURJO, MARTHA
Address 8015 SW 107 AVE
 #218
City-State-Zip: MIAMI FL 33173

Title DIRECTOR
Name RODRIGUEZ, DIANA
Address 111 NW 1 ST
City-State-Zip: MIAMI FL 33128

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I hereby 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 all other like empowered.

SIGNATURE: MAIDA SANTANDER**PRESIDENT****01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DEL C. VALDEZ, MARIA DR.
Address	9774 CORAL WAY
City-State-Zip:	MIAMI FL 33165