

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000268

Entity Name: ALHAMBRA MUSIC, INC.**Current Principal Place of Business:**1015 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134**Current Mailing Address:**5794 SW 40TH STREET
PMB 189
MIAMI, FL 33155 US**FEI Number:** 65-0565230**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAUSER, HELEN ESQ
1015 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 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 DIRECTOR
Name DELEON, CAROLYN
Address 5794 SW 40TH STREET
PMB 189
City-State-Zip: MIAMI FL 33155

Title T/D
Name COPELAND, JANET
Address 824 CORTEZ STREET
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT, DIRECTOR
Name NEAL, AUGUST
Address 2431 TIGERTAIL AVENUE
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name LEONE, MATT
Address 10759 SW 104TH ST
City-State-Zip: MIAMI FL 33176

Title COO
Name HAUSER, HELEN A
Address 1015 COUNTRY CLUB PRADO
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CLAVELO, KELVIN
Address 5794 SW 40TH STREET
PMB 189
City-State-Zip: MIAMI FL 33155

Title VP, DIRECTOR
Name YEARGIN, JOE
Address 7145 SW 117TH AVENUE
City-State-Zip: MIAMI FL 33183

Title DIRECTOR
Name YEN, PAMELA
Address 14211 SW 97TH TERR.
City-State-Zip: MIAMI FL 33186

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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: HELEN ANN HAUSER**EXECUTIVE DIRECTOR****02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY, DIRECTOR
Name ALBORNOZ, JAVIER
Address 5550 SW 70TH PL S
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name CAMEJO, SOPHIA
Address 11211 N. KENDALL DR,
APT. B106
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SMITH, RUTH
Address 5794 SW 40TH STREET
PMB 189
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name NICHOLSON, CAROL NAVEIRA
Address 3635 LOQUAT AVENUE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name TRIA, BARBARA
Address 500 S. DIXIE HWY
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name POPOV, VLADIMIR
Address 5794 SW 40TH STREET
PMB 189
City-State-Zip: MIAMI FL 33155