

2019 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:**2829 BIRD AVENUE SUITE 5
PMB 290
COCONUT GROVE, FL 33133**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	D
Name	GINSBERG, MYRON
Address	3917 CRAWFORD AVENUE
City-State-Zip:	MIAMI FL 33133

Title	D
Name	MARXEN, DIANE
Address	16760 SW 301 ST
City-State-Zip:	HOMESTEAD FL 33030

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

Title	DIRECTOR
Name	ANDING, VOLKER
Address	600 BILTMORE WAY APT 1114
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	MONTANA, DANIEL
Address	6770 SW 76TH TERR
City-State-Zip:	SOUTH FL 33143

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

Title	DIRECTOR
Name	HERSCHER, ILENE ESQ.
Address	1550 MADRUGA AVENUE SUITE 120
City-State-Zip:	CORAL GABLES FL 33134

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

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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 HAUSER**EXECUTIVE DIRECTOR****04/06/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title SECRETARY, DIRECTOR
Name GINSBERG, JESSICA
Address 3917 CRAWFORD AVENUE
City-State-Zip: MIAMI FL 33133

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

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

Title DIRECTOR
Name ROSZLER, JANIS
Address 4575 N. MERIDIAN AVE
City-State-Zip: MIAMI BEACH FL 33140

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