2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707888

FILED Jan 03, 2005 Secretary of State

Entity Name: SOUTH FLORIDA YOUTH SYMPHONY, INC.

Current Principal Place of Business: New Principal Place of Business: 12645 SW 114 AVE MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** 12645 SW 114 AVE MIAMI, FL 33176 FEI Number: 59-6212162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAHN, MARJORIE 12645 SW 114 AVE MIAMI, FL 33176 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEFEBVRE, PATRICIA Name: Name: 21645 SW 114 AVE Address: Address: MIAMI, FL 33176 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete FRAGA, RAQUEL Name: MARRACCINI, ROBIN Name: Address: 26521 SW 173 PLACE Address: 11250 SW 65 AVENUE City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: MIAMI, FL 33156 Title: TEV () Delete Title: () Change () Addition REAL, MARCOANTONIO Name: Name: 11301 SW 160 CT Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: 1VT () Delete Title: 1VT (X) Change () Addition MALTBEY, LORNA Name: Name: YERA, NELSON Address: 12645 SW 114 AVE Address: 12645 SW 114 AVE City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change () Addition LAING, VASHTI H Name: Name: 6441 NW 199 LANE Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: () Delete Title: (X) Change () Addition SABATER, CARY BAYES, TRUDI Name: Name: Address: 12645 SW 114 AVE Address: 12645 SW 114 AVE MIAMI, FL 33176 MIAMI, FL 33176 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARJORIE J. HAHN EXEC 01/03/2005