


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90075 013 ****70.00

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| DOCUMENT # 721894 1. Entity Name MIAMI CHILDREN'S CHORUS, INC. | | | |  | |
| Principal Place of Business 1533 SUNSET DR STE 215 CORAL GABLES, FL 33143 US | | | Mailing Address 1533 SUNSET DR STE 215 CORAL GABLES, FL 33143 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | 4. FEI Number 23-7250811 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SHARP, TIMOTHY A 7810 SW 99TH ST MIAMI, FL 33156 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$8.75 Additional Fee Required | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BROOKES, ROBERT <input type="checkbox"/> Delete 8200 NW 33RD STREET, STE 400 MIAMI, FL 33122 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARP, TIMOTHY A <input type="checkbox"/> Delete 7810 SW 99TH ST MIAMI, FL 33156 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LOUMIET, JUAN P <input type="checkbox"/> Delete 1221 BRICKELL MIAMI, FL 33131 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D M. CRISTINA DE LA VEGA <input type="checkbox"/> Delete 44 W FLAGLER ST MIAMI, FL 33130 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATELIE, NORA <input type="checkbox"/> Delete 151 SUNRISE AVE CORAL GABLES, FL 33133 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD STICKNEY, TIMOTHY P <input type="checkbox"/> Delete 260 CRANDON BLVD, STE 14 KEY BISCAYNE, FL 33149 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Matelis, Nora 151 Sunrise Ave. Coral Gables, FL 33133 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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 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: <u>Juan P. Loumiet</u> Juan P. Loumiet May 4, 2006 305-662-7494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |