2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 721894

Entity Name: MIAMI CHILDREN'S CHORUS, INC.

Current Principal Place of Business:

1533 SUNSET DR
STE 215
CORAL GABLES, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

1533 SUNSET DR
STE 215
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 23-7250811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP, TIMOTHY A
7810 SW 99TH ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Title:	CD	( ) Delete
Name:	BROOKES, ROBERT	
Address:	8200 NW 33RD STREET, STE 400	
City-St-Zip:	MIAMI, FL 33122	
Title:	D	( ) Delete
Name:	SHARP, TIMOTHY A	
Address:	7810 SW 99TH ST	
City-St-Zip:	MIAMI, FL 33156	
Title:	TD	( ) Delete
Name:	LOUMIET, JUAN P	
Address:	1221 BRICKELL	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	MATELIS, NORA	
Address:	151 SUNRISE AVE	
City-St-Zip:	MIAMI, FL 33133	
Title:	VD	( ) Delete
Name:	STICKNEY, TIMOTHY P	
Address:	260 CRANDON BLVD, STE 14	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	IGLESIAS, GENARO	
Address:	88 WEST MCINTYRE ST	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	VD	(X) Change ( ) Addition
Name:	STICKNEY, TIMOTHY P	
Address:	104 CRANDON BLVD, STE 309	
City-St-Zip:	KEY BISCAYNE, FL 33149	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIMOTHY A. SHARP D 04/23/2008

Electronic Signature of Signing Officer or Director — Date