2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731860

FILED Jan 23, 2007 Secretary of State

Entity Name: THE CORAL GABLES CHAMBER SYMPHONY & THE CORAL GABLES OPERA, INC.

Current Principal Place of Business: New Principal Place of Business: 700 SANTANDER AVENUE CORAL GABLES, FL 331346525 **Current Mailing Address: New Mailing Address:** 700 SANTANDER AVENUE CORAL GABLES, FL 331346525 FEI Number: 23-7437382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORCE, GIBSON 5227 NORTHWEST 198 TERRACE OPA LOCKA, FL 33055 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: () Delete () Change () Addition SMITH, BELLA, Name: Name: 700 SANTANDER AVENUE Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: Title: () Delete () Change () Addition SPENCE, J.B. Name: Name: Address: 2950 SW 27TH AVENUE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition SANCHEZ, EUGENIO DR., Name: Name: Address: 1226 LISON STREET Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: () Delete Title: VΡ Title: () Change () Addition CODDINGTON, SIMON Name: Name: 6220 SW 63RD AVENUE Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: () Delete Title: () Change () Addition DORCE, GIBSON Name: Name: 5227 NW 198 TERRACE Address: Address: City-St-Zip: OPA LOCKA, FL 33055 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GIBSON DORCE SECR 01/23/2007