## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#768332** 

Entity Name: SYMPHONETTES, INC.

FILED Jul 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

6350 SW 133 DR 7690 PONCE DE LEON RD. MIAMI, FL 33156 US MIAMI, FL 33143 US

Current Mailing Address: New Mailing Address:

6350 SW 133 DR 7690 PONCE DE LEON RD. MIAMI, FL 33156 US MIAMI, FL 33143 US

FEI Number: 65-0416965 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENNERK, MARY
6350 SW 133 DR
6360 FONCE DE LEON RD.
6370 MIAMI, FL 33156 US
6370 MIAMI, FL 33143 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: MARIANNE PANTIN 07/12/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: HILL, GRACE Name: PARRISH, DEANNA P

 Address:
 6350 SW 133 DRIVE
 Address:
 7690 PONCE DE LEON RD.

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33143 US

 $\label{eq:title: V1 () Delete} Title: V1 (X) Change () Addition$ 

 Name:
 RAMIREZ, NINA
 Name:
 KHAN, FAHEEMAH

 Address:
 13033 S.W 63 CT
 Address:
 13251 SW 107TH AVE.

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33176 US

 $\label{eq:title: V2 () Delete Title: V2 (X) Change () Addition} Title: V2 (X) Change () Addition$ 

 Name:
 BUERMANN, MOLLY
 Name:
 DAVIDSON, LAUREN

 Address:
 6075 SW 92 STREET
 Address:
 6395 MITCHELL MANOR CIRCLE

Address: 6075 SW 92 STREET Address: 6395 MITCHELL MANOR CIRCLE
City-St-Zip: MIAMI, FL 33156 City-St-Zip: PINECREST, FL 33156 US

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$ 

 Name:
 NOBLE, REBECCA
 Name:
 ALAYON, MEGAN

 Address:
 5400 ALHAMBRA CIRCLE
 Address:
 10440 SW 71ST AVE.

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 PINECREST, FL 33156 US

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 PATTERSON, CHARLOTTE
 Name:
 DE ARMAS, CAROLINA

 Address:
 7305 S.W. 166 STREET
 Address:
 9820 SW 63RD COURT

 City-St-Zip:
 MIAMI, FL 33157 US
 City-St-Zip:
 MIAMI, FL 33156 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 KHAN, FAHEEMAH
 Name:
 LARSEN, LILY

 Address:
 13251 S.W. 107 AVE
 Address:
 4310 SANTA MARIA ST.

 City-St-Zip:
 MIAMI, FL 33176 US
 City-St-Zip:
 CORAL GABLES, FL 33146 US

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: DEANNA PANTIN PARRISH P 07/12/2007