

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768332

FILED
Apr 19, 2009
Secretary of State

Entity Name: SYMPHONETTES, INC.

Current Principal Place of Business:

10705 SW 135 TERRACE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

10705 SW 135 TERRACE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0416965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, NANCY
10705 SW 135 TERRACE
MIAMI, FL 33176 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: P () Delete
Name: LARSEN, LILY
Address: 4319 SANTA MARIA STREET
City-St-Zip: CORAL GABLES, FL 33146 US

Title: V1 () Delete
Name: SCHWARTZ, KRISTYN
Address: 10705 SW 135 TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: V2 () Delete
Name: COOKSON, MARGARET
Address: 645 SIERRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: S () Delete
Name: WHITHURST, CHRISTINA
Address: 4809 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: T () Delete
Name: PALOMO, ANALISE
Address: 12095 SW 62ND AVENUE
City-St-Zip: MIAMI, FL 33156 US

Title: TD () Delete
Name: ZITO, CARINA
Address: 9100 SW 114TH STREET
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, IVANA
Address: 5300 RIVIERA DRIVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: V1 (X) Change () Addition
Name: REYES, SAMANTHA
Address: 75 SOLANO PRADO
City-St-Zip: CORAL GABLES, FL 33156 US

Title: V2 (X) Change () Addition
Name: ZACHAR, CARSON
Address: 1229 ADUANA AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S (X) Change () Addition
Name: CHIAVACCI, NICOLE
Address: 9055 BANYAN DRIVE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: T (X) Change () Addition
Name: COOKSON, MARGARET
Address: 645 SIERRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33156 US

Title: CS (X) Change () Addition
Name: BRU, ALEX
Address: 7960 SW 89TH TERRACE
City-St-Zip: MIAMI, FL 33156 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: NANCY SCHWARTZ

PA

04/19/2009

Electronic Signature of Signing Officer or Director

Date