

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768332

FILED  
Apr 09, 2010  
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  
Name: GONZALEZ, IVANA  
Address: 5300 RIVIERA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146 US

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

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

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

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

Title: CS  
Name: BRU, ALEX  
Address: 7960 SW 89TH TERRACE  
City-St-Zip: MIAMI, FL 33156 US

I hereby 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 all other like empowered.

SIGNATURE: NANCY SCHWARTZ

PA

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date