

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768332

FILED
Apr 29, 2011
Secretary of State

Entity Name: SYMPHONETTES, INC.

Current Principal Place of Business:

C/O NANCY POND HALULA
190 BUTTONWOOD DR
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

C/O NANCY POND HALULA
P.O. BOX 490629
KEY BISCAYNE, FL 33149

New Mailing Address:

C/O NANCY POND HALULA
190 BUTTONWOOD DR
KEY BISCAYNE, FL 33149 US

FEI Number: 65-0416965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NANCY POND HALULA, ESQ.
190 BUTTONWOOD DR
KEY BISCAYNE, FL 33149 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: CS
Name: HALULA, JAMIE
Address: 190 BUTTONWOOD DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T
Name: GADALA-MARIA, PAOLA
Address: 4975 DAVIS RD
City-St-Zip: MIAMI, FL 33143

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

Title: 1V
Name: MURPHY, CAROLINE
Address: 4409 SANTA MARIA ST
City-St-Zip: CORAL GABLES, FL 33146 US

Title: 2V
Name: ROBERTS, AMANDA
Address: 6105 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: RS
Name: CHIAVACCI, SAVANNAH
Address: 9055 BANYAN DR
City-St-Zip: CORAL GABLES, 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 POND HALULA

PA

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date