2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768332

FILED Mar 12, 2012 Secretary of State

Entity Name: SYMPHONETTES, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O NANCY POND HALULA

C/O LAURA ROBERTS
190 BUTTONWOOD DR

C/O LAURA ROBERTS
6105 GRANADA BLVD

KEY BISCAYNE, FL 33149 US CORAL GABLES, FL 33146 US

Current Mailing Address: New Mailing Address:

C/O NANCY POND HALULA

C/O LAURA ROBERTS
190 BUTTONWOOD DR

C/O LAURA ROBERTS
6105 GRANADA BLVD

KEY BISCAYNE, FL 33149 US CORAL GABLES, FL 33146 US

FEI Number: 65-0416965 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:

NANCY POND HALULA, ESQ.

190 BUTTONWOOD DR

KEY BISCAYNE, FL 33149 US

ROBERTS, LAURA
6105 GRANADA BLVD
CORAL GABLES, FL 33146 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: LAURA ROBERTS 03/12/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: 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: F

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

City-3t-2ip. CONAL GABLES, 1 L 33140 C

Title: 2V

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

Title: TR

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: SAVANNAH CHIAVACCI TREA 03/12/2012

Electronic Signature of Signing Officer or Director

Date