2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C9300000015

1. Entity Name

FRIENDS OF CHAMBER MUSIC OF MIAMI, INC.



Principal Place of Business

1428 BRICKELL PENTHOUSE MIAMI, FL 33131 Mailing Address

1428 BRICKELL PENTHOUSE MIAMI, FL 33131 FILED
Apr 26, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

04182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-0996022

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

KREEGER, JULIAN H 1428 BRICKELL AVE PENTHOUSE MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	f applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Oue by May 1, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	•
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D KREEGER, JULIAN H 1428 BRICKELL AVE PENTHOUSE MIAMI, FL 33131				U000 <u>0</u> 0735207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D MARGOLIUS, EDITH 1506 S.W. 23RD STREET MIAMI, FL 33145		05/10/07-80024-016 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D AJMONE-MARSAN, ROSETTA 1428 BRICKELL AVE PENTHOUSE MIAMI, FL 33131			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIRESTONE, JACK 1500 SAN REMO AVE STE 176 MIAMI, FL 33146	1 2 2 2 2			
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 305-37

Daytime Phone