

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000385

FILED
Apr 21, 2009
Secretary of State

Entity Name: CANZION INSTITUTE OF MUSIC CORP.

Current Principal Place of Business:

6616 EAST CHELSEA ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1117 SOUTH MAIN ST
PASADENA, TX 77506

New Mailing Address:

FEI Number: 30-0111340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MIRIAM G COORD
1004 MEADOW LANE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

MANGUAL, JONATHAN COORD
10452 COCONUT GROVE LN.
ORLANDO, FL 32825 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: JONATHAN MANGUAL

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAZQUEZ, ESTEBAN
Address: 914 WEST GREENS ROAD
City-St-Zip: HOUSTON, TX 77067

Title: VP () Delete
Name: SALOMON, CARLOS
Address: 914 WEST GREENS ROAD
City-St-Zip: HOUSTON, TX 77067

Title: T () Delete
Name: SOLA, LYMAR
Address: 914 WEST GREENS ROAD
City-St-Zip: HOUSTON, TX 77067

Title: S () Delete
Name: NISLY, DUANE R
Address: 914 WEST GREENS ROAD
City-St-Zip: HOUSTON, TX 77067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYMAR SOLA

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date