2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2007 8:00 am Secretary of State

DOCUMENT # K24704 1. Entity Name SACKSTEIN INTERNATIONAL CONSERVATORY OF MUSIC, INC.						03-28-2007	90004 035	***150	0.00
Principal Plac	e of Business	Mailing Address	Mailing Address						
5360 SW 87		5360 SW 87TH AVE							
MIAMI, FL 3	3100	MIAMI, FL 33165							
Principal Place of Business - No P.O. Box # 3. Mailing Adv.									
2. Time partiace of Business - No F.O. Box #		3. Mailing Address				AII BIAII IARA BAW BIB	DIGN BIEN BIAN A	4 8 4 8 8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Number NOT APP	LICARLE			plied For
Zip Country		Zip	Zip Country		5. Certificate of			.75 Add	litional
6. Name and Address of Curren		Registered Agent	l		!	ddress of New R	Fe	Require	d
				Name	77 Wallie alle 74		ogistored Age		
SACKSTEIN, HAROLD C 5360 S.W. 87TH AVE.				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33165-6737			F		••		<u>-</u>		
			F	City			FL	Zip Cod	9
8. 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. I am familiar with, a								and accept	
the obligations of regisfered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees		_		
10.	→ OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFF	CERS AND DI	RECTOR	S IN 11
TITLE NAME	D SACKSTEIN ROSALINAG.	Delete	TITLE NAME] Change	Addition
STREET ADDRESS	5360 SW 87TH AVE	1 21		T ADDRESS					
CITY-ST-ZIP	MIAMI, FL W Wa	una cestein	CITY-5	ST - ZIP					
TITLE NAME	D SACKSTEIN, HAROLD	M. da Desta	TITLE				C] Change	☐ Addition
STREET ADDRESS	5360 SW 87TH AVE	M WAREN	NAME STREET	T ADDRESS					
CTTY-ST-ZIP	MIAMI, FL		CITY-S	ST-ZIP					
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NAME Street address		•	NAME STREET	T ADDRESS					
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TITLE		□ Delete	TITLE	611	· · · · · ·		·-	Change	☐ Addition
NAME			NAME				Ļ	1 overige	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	partify that the information according to	h this files does	CITY-S						
indicated	certify that the information supplied wit on this report or supplemental report i	o true samy oces not quarity to	ı ıne exen	ubuous contained	in Chapter 119, F	ronda Statutes. I	rurther certify:	mat the in	tormation

Indicated on this report of 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 607, 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.

GNATURE:

HARDED C. GACKSTEL 3/21/07 305

GNATURE: