## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000001131

Entity Name: MIAMI CONSERVATORY OF MUSIC, INC.

FILED Sep 06, 2005 Secretary of State

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

3550 STEWART AVE. 7520 S.W. 57TH AVENUE

MIAMI, FL 33133 SUITE J

MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

3550 STEWART AVE. 3505 WILDWOOD CIRCLE

MIAMI, FL 33133 MIAMI, FL 33133

FEI Number: 65-0998308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KTG&S REGISTERED AGENT CORPORATION

2UMPANO, PATRICIOS & WINKER
200 S.E. 2ND ST., STE. 2800

2UMPANO, PATRICIOS & WINKER
200 999 PONCE DE LEON BLVD

MIAMI, FL 33131 US CORAL GABLES, FL 33134 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: DAVID J. WINKER 09/06/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PTD ( ) Delete Title: PTSD (X) Change ( ) Addition

Name: KISHLAR, BRÌGİTTE Name: KISHLAR, BRÌGİTTE Address: 3550 STEWART AVE. Address: 3505 WILDWOOD CIRCLE

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

Title: VSD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MESA, MARIA C
 Name:

 Address:
 44 W FLAGLER ST STE 1575
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:

Title: VSD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ARTHUR MESA, MANUEL C
 Name:

 Address:
 44 W FLAGLER ST STE 1575
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIGITTE KISHLAR PTSD 09/06/2005