


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> N00000003468   |  |
| 1. Entity Name<br><b>SOUTH FLORIDA CONSERVATORY FOR MUSIC AND THE ARTS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1800 SW 27TH AVE STE 501<br/>MIAMI, FL 33145</b> | Mailing Address<br><b>1800 SW 27TH AVE STE 501<br/>MIAMI, FL 33145</b> |
|--|--|



04232004 No Chg-NP CR2E037 (10/03)

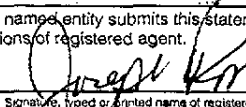
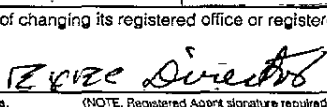
**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>ROSES, JOSEPH<br/>1800 SW 27TH AVE SUITE 501<br/>MIAMI, FL 33145</b> |
|--|

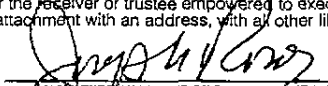
|                                   |
|-----------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> |
|-----------------------------------|

|   |   |                     |
|---|---|---------------------|
| 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, and accept the obligations of registered agent. |   |                     |
| SIGNATURE    |  | DATE <b>5/29/04</b> |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                     |

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>U00000153002<br/>05/04/04-80108-024 70.00</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MOLIN, MYRIAM M<br>11705 SW 84TH AVE<br>MIAMI, FL 33156         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED<br>ROSES, JOSEPH<br>1800 SW 27TH AVE SUITE 501<br>MIAMI, FL 33145  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ROSES, MARIA E<br>1800 SW 27TH AVE SUITE 501<br>MIAMI, FL 33145 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

|                                   |
|-----------------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> |
|-----------------------------------|

|   |                      |                     |
|---|----------------------|---------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:   | <b>EXECUTIVE DIR</b> | DATE <b>5/29/04</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                      |                     |