


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90137 045 \*\*\*\*70.00

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

Principal Place of Business <b>1800 SW 27TH AVE STE 501 MIAMI, FL 33145</b>	Mailing Address <b>1800 SW 27TH AVE STE 501 MIAMI, FL 33145</b>
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ROSES, JOSEPH 1800 SW 27TH AVE SUITE 501 MIAMI, FL 33145</b>	
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27, 2005 (305) 235-3203