2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N00000005961

Entity Name: ARS FLORES CHAMBER ORCHESTRA, INC.

Current Principal Place of Business:

912 EAST BROWARD BLVD.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

912 EAST BROWARD BLVD.
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 91-2078222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUCE, BURT
912 EAST BROWARD BLVD.
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SUTER, LUCY
Address: 1475 WEEPING WILLOW WAY
City-St-Zip: HOLLYWOOD, FL 33019

Title: DS ( ) Delete
Name: PEREZ-RUDISILL, MARIA
Address: 8742 NW170 TERR
City-St-Zip: MIAMI, FL 33018

Title: DT ( ) Delete
Name: LUCE, BURT
Address: 2408 SUNRISE KEY BLVD.
City-St-Zip: FT. LAUDERDALE, FL 333043828

Title: DV ( ) Delete
Name: ANDADAI, ROBERT
Address: 8877 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33154

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 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: BURT LUCE DT 01/04/2005

Electronic Signature of Signing Officer or Director — Date