

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005961

FILED
Jan 07, 2007
Secretary of State

Entity Name: ARS FLORES SYMPHONY ORCHESTRA, INC.

Current Principal Place of Business:

1350 EAST SUNRISE BLVD.
SUITE 126
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1350 EAST SUNRISE BLVD.
SUITE 126
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 91-2078222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCE, BURT
1350 EAST SUNRISE BLVD.
SUITE 126
FT. LAUDERDALE, FL 33304 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: POLATSEK, MARILYN
Address: 678 MIDDLE RIVER DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: O'SHAUGHNESSY, PHILLIPS
Address: 609 FOURTH KEY
City-St-Zip: FORT LAUDERDALE, FL 33304

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 Chapter 119, 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

01/07/2007

Electronic Signature of Signing Officer or Director

Date