2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N00000005961

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:

2408 SUNRISE KEY BLVD.
FT. LAUDERDALE, FL 33304

Current Mailing Address:

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

New Mailing Address:

2408 SUNRISE KEY BLVD.
FT. LAUDERDALE, FL 33304

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
2408 SUNRISE KEY BOULEVARD
FORT 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:	DPT	( ) Delete
Name:	LUCE, BURT	
Address:	2408 SUNRISE KEY BOULEVARD	
City-St-Zip:	FORT LAUDERDALE, FL 33304 US	
Title:	DV	( ) Delete
Name:	MOE, JENS	
Address:	1350 E SUNRISE BOULEVARD, SUITE 126	
City-St-Zip:	FORT LAUDERDALE, FL 33304 US	
Title:	DS	( ) Delete
Name:	PEREZ-RUDISILL, MARIA	
Address:	1350 E SUNRISE BOULEVARD, SUITE 126	
City-St-Zip:	FORT LAUDERDALE, FL 33304 US	

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:	

I hereby certify that the information supplied with this filing does not qualify 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 DPT 04/14/2009

Electronic Signature of Signing Officer or Director — Date