

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000509

FILED
Jan 22, 2009
Secretary of State

Entity Name: SOUTH BEACH CHAMBER ENSEMBLE, INC.

Current Principal Place of Business:

827 16TH STREET
STE #12
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

827 16TH STREET
STE #12
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1087701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, MICHAEL T
827 16TH STREET
STE #12
MIAMI BEACH, FL 33139 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: D () Delete
Name: ANDREWS, MICHAEL T
Address: 827 16TH STREET, STE #12
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: STOLTZ, RUTH
Address: 705 SE 3RD COURT
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: BERLINE, HOLLY
Address: 821 NE 17TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: HANDLEY, WILLIAM L
Address: 9911 SW 48TH STREET
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: COLLINS, ALAN
Address: 16425 COLLINS AVE #811
City-St-Zip: MIAMI BEACH, FL 33160

Title: D () Delete
Name: COLLINS, DIANE
Address: 16425 COLLINS AV #811
City-St-Zip: MIAMI, FL 33160

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:

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: MICHAEL ANDREWS

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date