


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90110 012 ****70.00

DOCUMENT # N01000007973	
1. Entity Name AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.	

Principal Place of Business 801 S.W. 3RD AVEBYE SUITE #308 MIAMI, FL 33130	Mailing Address 801 S.W. 3RD AVEBYE SUITE #308 MIAMI, FL 33130
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2. Principal Place of Business - No P.O. Box # 801 S.W. 3RD AVENUE	3. Mailing Address 801 S.W. 3RD AVENUE
Suite, Apt. #, etc. SUITE #308	Suite, Apt. #, etc. SUITE #308
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33130	Country DADE



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1151715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANTANDER, MAIDA 801 SW 3RD AVE STE #308 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Maida Santander DATE 1/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC DIAZ-YOSEREV, RAFAEL 3211 PONCE DE LEON BLVD. SUITE 210 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Blanco, Magaly 28501 S.W. 187 Avenue Miami, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SANTANDER, MAIDA 520 BRICKELL KEY DR., APT. 910 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Viera, Jorge 700 Brickell Avenue Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-C NOBEL, MICHAEL 3211 PONCE DE LEON BLVD. SUITE 210 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Gachassin, Jorge Carlos 1121 Grandon Blvd Apt F604 Key Biscayne, FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CISNEROS RIZZON, MARISA 8817 HAMMOCK LAKE DR. CORAL GABLES, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRILLEMBOURG, TANYA 2373 BRICKELL AVE., APT #1614 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLANCO, MAGALY 28501 SW 187TH AVENUE MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Maida Santander Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR