

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 22, 2008**  
**Secretary of State**

DOCUMENT# N01000007973

**Entity Name:** AMERICAN CHILDREN'S ORCHESTRAS FOR PEACE, INC.**Current Principal Place of Business:**801 S.W. 3RD AVENUE  
SUITE #308  
MIAMI, FL 33130**New Principal Place of Business:****Current Mailing Address:**801 S.W. 3RD AVENUE  
SUITE #308  
MIAMI, FL 33130**New Mailing Address:****FEI Number:** 65-1151715**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SANTANDER, MAIDA  
801 SW 3RD AVE  
SUITE #308  
MIAMI, FL 33130 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:** PTD ( ) Delete  
**Name:** SANTANDER, MAIDA  
**Address:** 520 BRICKELL KEY DR., APT. 910  
**City-St-Zip:** MIAMI, FL 33131**Title:** D/CH ( ) Delete  
**Name:** NOBEL, MICHAEL  
**Address:** 3211 PONCE DE LEON BLVD. , SUITE 210  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** D (X) Delete  
**Name:** CISNEROS RIZZON, MARISA  
**Address:** 8817 HAMMOCK LAKE DR.  
**City-St-Zip:** CORAL GABLES, FL 33156**Title:** D ( ) Delete  
**Name:** VIERA, JORGE  
**Address:** 700 BRICKELL AVENUE  
**City-St-Zip:** MIAMI, FL 33131**Title:** D/S ( ) Delete  
**Name:** GACHISSIN, JORGE CARLOS  
**Address:** 145 MADEIRA AVENUE, SUITE 314  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:** D/VC ( ) Change (X) Addition  
**Name:** DIAZ, RAFAEL Y V. CHAI  
**Address:** 3211 PONCE DE LEON BLVD. SUITE 210  
**City-St-Zip:** CORAL GABLES, FL 33134

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: MAIDA SANTANDER

PRES

09/22/2008

Electronic Signature of Signing Officer or Director

Date