

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007973

FILED
Jan 06, 2010
Secretary of State

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
Name: SANTANDER, MAIDA
Address: 520 BRICKELL KEY DR., APT. 910
City-St-Zip: MIAMI, FL 33131

Title: B/CH
Name: NOBEL, MICHAEL
Address: 3211 PONCE DE LEON BLVD. , SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: VIERA, JORGE
Address: 700 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: D/S
Name: GACISSIN, JORGE CARLOS
Address: 145 MADEIRA AVENUE, SUITE 314
City-St-Zip: CORAL GABLES, FL 33134

Title: B/VC
Name: DIAZ, RAFAEL Y
Address: 3211 PONCE DE LEON BLVD. SUITE 210
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: GONZALEZ, MIRTHA
Address: 15476 NW 77 CT. # 321
City-St-Zip: MIAMI LAKES,, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: MAIDA SANTANDER

PDT

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date