

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006186

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SIGHT & SOUND OF GOLD PATRONS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BARBARA GOLEMAN SR. HIGH SCHOOL  
14100 N W 89TH AVENUE  
MIAMI, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161197  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 02-0638122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MONTECELO, GLORIA  
7319 W 35 AVENUE  
HIALEAH, FL 33018 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: MONTECELO, GLORIA  
Address: 7319 W 35 AVENUE  
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete  
Name: REYES, BARBARA  
Address: 7761 NW 160 TERR  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: FALERO, MARA  
Address: 9068 NW 174 ST  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FALERO, MARA  
Address: 9068 NW 174 ST  
City-St-Zip: MIAMI, FL 33018

Title: D (X) Change ( ) Addition  
Name: SARMIENTO, ZULAIMA  
Address: 318 SW 192 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: GLORIA MONTECELO

D

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date