2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90221 019 ****61.21
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # N02000007663

1. Entity Name
THE BACH ENSEMBLE, INCORPORATED

Principal Place of Business	Mailing Address
3667 ARCTIC CIRCLE NAPLES, FL 34112	3667 ARCTIC CIRCLE NAPLES, FL 34112

06302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 51-0429031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVESTRI, VITO N 3667 ARCTIC CIRCLE NAPLES, FL 34112	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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 September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SILVESTRI, VITI N 3667 ARTIC CIRCLE NAPLES, FL 34112	☐ Delete	PD Vito (First Name) Silvestri	☑ Change ☐ Addition (Spelling of First Name)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOIRON, RONALD 3461 ANGUILLA WAY NAPLES, FL 34110	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROMMEL, BERNARD J 421 WEST MELROSE #22A CHICAGO, IL 60657	☐ Delete	D Brommel, Bernard J 3440 N. LAKE SHORE DRIVE, #90 CHICAGO, IL 60657	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODMAN, GINNY 2110 ARIELLE DR., #104 NAPLES, FL 34108	☐ Delete	D Goodman, Ginny 3604 EXUMA WAY NAPLES, FL 34119	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARCE, STEPHANIE 3281 GOLDEN GATE BLVD. NAPLES, FL 34120	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVESTRI, MARC 475 KENT AVENUE #302 BROOKLYN, NY 11211	☐ Delete	D Silvestri Marc 192 86th. AVE, Apt 1C NEW YORK, NY 10011-1604	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vito N. Silvestri M.D. June 29, 2005 239417-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #