

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90029 045 \*\*\*\*61.25

<b>DOCUMENT # N03000001726</b> 1. Entity Name CHORUSPONDENTS CHOIR, INC.					
Principal Place of Business <b>C/O ZANE</b> <b>107 HEATHERBROOK WAY</b> <b>HOLLYWOOD, FL 33021</b>			Mailing Address <b>C/O ZANE</b> <b>107 HEATHERBROOK WAY</b> <b>HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>55-0829372</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RITTER, ELIZABETH</b> <b>2346 SOUTH DOUGLAS ROAD</b> <b>CORAL GABLES, FL 33134</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____				DATE _____	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	<b>PRES</b> <input type="checkbox"/> Delete				
NAME	<b>BENZIL, PHILIP</b>				
STREET ADDRESS	<b>2810 NORTH 46TH AVENUE APT # F-663</b>				
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>				
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>LE BLANC, ANGELA</b>				
STREET ADDRESS	<b>7966 NW 19TH COURT</b>				
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>				
TITLE	<b>TD</b> <input type="checkbox"/> Delete				
NAME	<b>TRAUTMAN, ANITA</b>				
STREET ADDRESS	<b>2851 NE 183RD STREET APT # 704</b>				
CITY-ST-ZIP	<b>AVENTURA, FL 33160</b>				
TITLE	<b>SEC</b> <input type="checkbox"/> Delete				
NAME	<b>SCHECTMAN, CAROL</b>				
STREET ADDRESS	<b>18601 NE 14 TH AVENUE APT # 312</b>				
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Philip Benzil</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4-7-08</u> Daytime Phone #: <u>954.9894968</u>					