

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90022 018 ***150.00

DOCUMENT # N03000002700

1. Entity Name
LANCER MUSIC ASSOCIATION, INC.



Principal Place of Business
**7351 S.W. 128TH STREET
PINECREST, FL 33156**

Mailing Address
**7351 S.W. 128TH STREET
PINECREST, FL 33156**



05202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1446072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KEMPER, ANDREA
7351 S.W. 128TH STREET
PINECREST, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SORIA, LUCIA MS 9395 S.W. 108 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARRA, KAREN MRS 8100 S.W. 137 ST. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIESGO, ALINA MRS 10700 S.W. 134 TERR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, ANNE MRS 10505 S.W. 112 ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mrs. Karen Parra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 2005

Date

Daytime Phone #

305-233-7490