


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90018 035 ****61.25

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
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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



03282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
KEMPER, ANDREA LOSADA, ANGELICA 7351 S.W. 128TH STREET PINECREST, FL 33156	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OHAYON, PASCAL <input checked="" type="checkbox"/> Delete 7605 SW 77 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOGEL, THERESA <input checked="" type="checkbox"/> Delete 10650 SW 77 CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUNDQUIST, ROBERT <input checked="" type="checkbox"/> Delete 12601 SW 77 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENJAMIN, JEFFREY <input checked="" type="checkbox"/> Delete 11501 SW 72 PL MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arlene Junco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7305 SW 128 St Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/25/08** **786-223-9920**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #