

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001135

FILED  
Feb 15, 2005  
Secretary of State

**Entity Name:** CUDA CHORUS PARENT ASSOCIATION, INC.

**Current Principal Place of Business:**

18111 SW 89 CT  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18111 SW 89 CT  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 20-0746422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, AMARILYS D  
18111 SW 89 CT  
MIAMI, FL 33157 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: MARTINEZ, MIRIAM  
Address: 9030 SW 31 TERR  
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete  
Name: HOWARD, HOLLY  
Address: 16425 SW 299 DR  
City-St-Zip: HOMESTEAD, FL 33033

Title: D ( ) Delete  
Name: VALDES, AMARILYS D  
Address: 18111 SW 89 CT  
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete  
Name: PRINZ, REBECCA  
Address: 17501 SW 93 AVE  
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

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

Title: D (X) Change ( ) Addition  
Name: HOWARD, HOLLY  
Address: 16425 SW 299 DR  
City-St-Zip: HOMESTEAD, FL 33033

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMARILYS D. VALDES

D

02/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date