


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000012101</b> 1. Entity Name <b>SUNPHONIX STEEL ORCHESTRA INC</b>	
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Principal Place of Business <b>2734 NW 183 STREET SUITE 1D MIAMI GARDENS, FL 33056</b>	Mailing Address <b>2734 NW 183 STREET SUITE 1D MIAMI GARDENS, FL 33056</b>
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**DO NOT WRITE IN THIS SPACE**

04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3853991</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BRENDA, HOSANG 651 NW 177TH STREET APT. 215 MIAMI GARDENS, FL, FL 33169</b>
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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 Brenda Hosang DATE 4/20/07  
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 May 1, 2007**

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	DC HOSANG, BRENDA 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, ANN 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM AMAN, ERROL 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, HAYDEN 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, TONY 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/14/07-80013-005 70.00

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: Tony Silva DATE 4/20/07 DAYTIME PHONE # 954-304-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR