


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 004 ****70.00

DOCUMENT # N05000012101 1. Entity Name SUNPHONIX STEEL ORCHESTRA INC					
Principal Place of Business 2734 NW 183 STREET SUITE 1D MIAMI GARDENS, FL 33056			Mailing Address 2734 NW 183 STREET SUITE 1D MIAMI GARDENS, FL 33056		
2. Principal Place of Business - No P.O. Box # 2734 NW 183 ST		3. Mailing Address 2734 NW 183 ST			
Suite, Apt. #, etc. Suite 1D		Suite, Apt. #, etc. Suite 1D			
City & State Miami Gardens FL 33056		City & State Miami Gardens, FL			
Zip 33056		Country U.S.A		4. FEI Number 20-3853991	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent BRENDA HOSANG 651 NW 177TH STREET APT. 215 MIAMI GARDENS, FL, FL 33169			7. Name and Address of New Registered Agent Name HAYDEN GEORGE Street Address (P.O. Box Number is Not Acceptable) 2842 NW 90 ST City Miami FL Zip Code 33147		
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 HAYDEN M GEORGE <i>Hayden M George</i> 4-25-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, ANN 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM AMAN, ERROL 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, HAYDEN 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, TONY 2734 NW 183 STREET, STE 1D MIAMI GARDENS, FL 33056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>Hayden M George</i> HAYDEN M GEORGE 4-25-08 305 622-7255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					