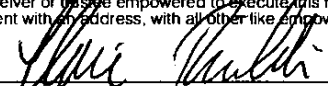


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90330 005 ****70.00

DOCUMENT # N06000001548 1. Entity Name ORCHESTRA MIAMI, INC.																																																																																																																													
Principal Place of Business 8821 S.W. 54 TERRACE MIAMI, FL 33165 US				Mailing Address 8821 S.W. 54 TERRACE MIAMI, FL 33165 US																																																																																																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 7598 Suite, Apt. #, etc.																																																																																																																											
City & State Zip		City & State Miami, FL Zip 33255-7598		Country USA																																																																																																																									
4. FEI Number 20-4272276				Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent RINALDI, ELAINE 8821 S.W. 54 TERRACE MIAMI, FL 33165			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>RINALDI, ELAINE L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8821 S.W. 54 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33165</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPS</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>SCHULMAN-STAINER, REBECCA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>720 N.E. 69 STREET, APT. 14W</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> <tr> <td>TITLE</td> <td>President</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>Rebecca Stainer-Shulman</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>720 NE 69 St Apt 14W</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33138 - 5758</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Gina Melin VP, secretary</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>4115 Park Avenue</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami, FL 33133-6353</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>Harry Goldschmidt, Treasurer</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>10185 Collins Ave #802</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Bal Harbor, FL 33154-1631</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	P	☒ Delete	NAME	RINALDI, ELAINE L		STREET ADDRESS	8821 S.W. 54 TERRACE		CITY-ST-ZIP	MIAMI, FL 33165		TITLE	VPS	☒ Delete	NAME	SCHULMAN-STAINER, REBECCA		STREET ADDRESS	720 N.E. 69 STREET, APT. 14W		CITY-ST-ZIP	MIAMI, FL 33138		TITLE	President	☐ Delete	NAME	Rebecca Stainer-Shulman		STREET ADDRESS	720 NE 69 St Apt 14W		CITY-ST-ZIP	Miami, FL 33138 - 5758		TITLE	Gina Melin VP, secretary	☐ Delete	NAME	4115 Park Avenue		STREET ADDRESS	Miami, FL 33133-6353		CITY-ST-ZIP			TITLE	Harry Goldschmidt, Treasurer	☐ Delete	NAME	10185 Collins Ave #802		STREET ADDRESS	Bal Harbor, FL 33154-1631		CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:  4/24/08 (786) 797-2547 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																													