## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000010207

Entity Name: MIAMI YOUTH SYMPHONY PROJECT, CORP

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

7890 NW 29 STREET, SUITE 107 8181 NW 36 ST, SUITE 1906

MIAMI, FL 33122 MIAMI, FL 33166

**Current Mailing Address: New Mailing Address:** 

7890 NW 29 STREET, SUITE 107 8181 NW 36 ST, SUITE 1906

MIAMI, FL 33122 MIAMI, FL 33166

FEI Number: 20-5631425 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MOODY, FABIE MOODY, FABIE 6271 SW 24 ST 6287 SW 12 ST

MIAMI, FL 33155 US US WEST MIAMI, FL 33144

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: FABIE MOODY 05/01/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

BERTI, ALEXANDER BERTI, ALEXANDER Name: Name: Address: 7890 NW 29 STREET, SUITE 107 Address: 8181 NW 36 ST, SUITE 1906

City-St-Zip: MIAMI, FL 33122 MIAMI, FL 33166

City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition Name: BASERVA, MARIA E Name: BASERVA, MARIA E

Address: 7890 NW 29 STREET, SUITE 107 Address: 11707 SW 143 AVE City-St-Zip: MIAMI, FL 33122 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: GM (X) Change ( ) Addition

MORENO, GREGORY Name: MOODY, FABIE Name: 16141 BLATT BLVD #306 Address: Address: 6287 SW 12 ST City-St-Zip: WESTON, FL 33326 City-St-Zip: WEST MIAMI, FL 33144

Title: SEC (X) Delete Title: () Change () Addition

MOODY, FABIE Name: Address: 6271 SW 24 ST Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FABIE MOODY **GM** 05/01/2009